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1	
2	An act relating to consumer protection; amending s.
3	494.001, F.S.; revising the definition of the term
4	"branch office"; defining the term "remote location";
5	authorizing a licensee under ch. 494, F.S., to allow
6	loan originators to work from remote locations if
7	specified conditions are met; amending s. 494.0067,
8	F.S.; specifying that mortgage lenders may transact
9	business from branch offices and remote locations;
10	providing a requirement for operating remote
11	locations; creating s. 501.2042, F.S.; defining terms;
12	providing requirements for organizers of crowd-funding
13	campaigns related to disasters and for crowd-funding
14	platforms; amending s. 520.23, F.S.; revising
15	disclosure requirements for agreements governing the
16	sale or lease of a distributed energy generation
17	system; amending s. 560.111, F.S.; providing a
18	criminal penalty; amending s. 560.309, F.S.;
19	prohibiting a licensee under ch. 560, F.S., from
20	cashing corporate checks for certain payees where the
21	aggregate face amount exceeds a specified amount;
22	amending s. 626.602, F.S.; providing applicability of
23	provisions relating to the disapproval of insurance
24	agency names to adjusting firm names; revising grounds
25	on which such names may be disapproved by the

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26 department; deleting an obsolete provision; amending 27 s. 626.854, F.S.; revising the definition of the term 28 "public adjuster"; prohibiting public adjusters from 29 contracting with anyone other than the named insured without the insured's written consent; specifying a 30 31 penalty for noncompliance; specifying timeframes in 32 which an insured or a claimant may cancel a public 33 adjuster's contract without penalty or contract under 34 certain circumstances; revising requirements for public adjusters' contracts; specifying limitations on 35 36 commissions received by public adjusters; amending s. 626.875, F.S.; revising recordkeeping requirements for 37 38 appointed independent adjusters and licensed public 39 adjusters; amending s. 626.8796, F.S.; revising requirements for public adjuster contracts; specifying 40 41 requirements for and prohibitions on public adjusters 42 relating to such contracts; providing construction; 43 authorizing the department to adopt rules; amending s. 44 626.8797, F.S.; revising a fraud statement requirement in proof-of-loss statements; amending s. 626.9541, 45 46 F.S.; adding an unfair or deceptive insurance act 47 relating to health insurance policies; amending s. 48 627.4025, F.S.; revising the definition of the term 49 "hurricane," and defining the term "hurricane deductible," as used in policies providing residential 50

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51	coverage; amending s. 627.4133, F.S.; revising
52	conditions that apply to a specified notice
53	requirement for, and a limitation on, the cancellation
54	or termination of certain insurance policies;
55	authorizing the Citizens Property Insurance
56	Corporation to cancel certain policies of insurers
57	placed in receivership; amending s. 627.4554, F.S.;
58	revising legislative purpose; revising applicability;
59	revising and defining terms; revising and specifying
60	duties of insurers and agents relating to the
61	recommendation and sale of annuity investments;
62	specifying comparable standards that comply with such
63	requirements; specifying agent training requirements;
64	providing and revising construction; authorizing the
65	department to adopt certain forms by rule; amending s.
66	634.041, F.S.; specifying authorized methods of paying
67	claims for motor vehicle service agreements; amending
68	s. 634.401, F.S.; revising the definition of the term
69	"manufacturer" for purposes of part III of ch. 634,
70	F.S.; amending s. 634.406, F.S.; deleting a debt
71	obligation rating requirement for certain service
72	warranty associations or parent corporations;
73	providing an effective date.
74	
75	Be It Enacted by the Legislature of the State of Florida:
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76	
77	Section 1. Present subsections (35) through (38) of
78	section 494.001, Florida Statutes, are redesignated as
79	subsections (36) through (39), respectively, a new subsection
80	(35) is added to that section, and subsection (3) of that
81	section is amended, to read:
82	494.001 DefinitionsAs used in this chapter, the term:
83	(3) "Branch office" means a location, other than a
84	mortgage broker's or mortgage lender's principal place of
85	business or remote location:
86	(a) The address of which appears on business cards,
87	stationery, or advertising used by the licensee in connection
88	with business conducted under this chapter;
89	(b) At which the licensee's name, advertising or
90	promotional materials, or signage suggests that mortgage loans
91	are originated, negotiated, funded, or serviced; or
92	(c) At which mortgage loans are originated, negotiated,
93	funded, or serviced by a licensee.
94	(35) "Remote location" means a location, other than a
95	principal place of business or a branch office, at which a loan
96	originator of a licensee may conduct business. A licensee may
97	allow loan originators to work from remote locations if:
98	(a) The licensee has written policies and procedures for
99	supervision of loan originators working from remote locations.
100	(b) Access to company platforms and customer information
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101	is in accordance with the licensee's comprehensive written
102	information security plan.
103	(c) An in-person customer interaction does not occur at a
104	loan originator's residence unless such residence is a licensed
105	location.
106	(d) Physical records are not maintained at a remote
107	location.
108	(e) Customer interactions and conversations about
109	consumers will be in compliance with federal and state
110	information security requirements, including applicable
111	provisions under the Gramm-Leach-Bliley Act and the Safeguards
112	Rule established by the Federal Trade Commission, set forth at
113	16 C.F.R. part 314, as such requirements may be amended from
114	time to time.
115	(f) A loan originator working at a remote location
116	accesses the company's secure systems or documents, including a
117	cloud-based system, directly from any out-of-office device such
118	as a laptop, phone, desktop computer, or tablet, through a
119	virtual private network or system that ensures secure
120	connectivity and that requires passwords or other forms of
121	authentication to access.
122	(g) The licensee ensures that appropriate security
123	updates, patches, or other alterations to the security of all
124	devices used at remote locations are installed and maintained.
125	(h) The licensee is able to remotely lock or erase
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126	company-related contents of any device or otherwise remotely
127	limit all access to a company's secure systems.
128	(i) The registry's record of a loan originator who works
129	from a remote location designates the principal place of
130	business as the loan originator's registered location, or the
131	loan originator has elected a licensed branch office as a
132	registered location.
133	Section 2. Subsection (1) of section 494.0067, Florida
134	Statutes, is amended to read:
135	494.0067 Requirements of mortgage lenders
136	(1) A mortgage lender that makes mortgage loans on real
137	estate in this state shall transact business from a principal
138	place of business, branch office, or remote location. Each
139	principal place of business, and each branch office, and remote
140	location shall be operated under the full charge, control, and
141	supervision of the licensee pursuant to this part.
142	Section 3. Section 501.2042, Florida Statutes, is created
143	to read:
144	501.2042 Unlawful acts and practices by online crowd-
145	funding campaigns
146	(1) As used in this section, the term:
147	(a) "Crowd-funding campaign" means an online fundraising
148	initiative that is intended to receive monetary donations from
149	donors and is created by an organizer in the interest of a
150	beneficiary.

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151	(b) "Crowd-funding platform" means an entity doing
152	business in this state which provides an online medium for the
153	creation and facilitation of a crowd-funding campaign.
154	(c) "Disaster" has the same meaning as 252.34(2).
155	(d) "Organizer" means a person who:
156	1. Resides or is domiciled in this state; and
157	2. Has an account on a crowd-funding platform and has
158	created a crowd-funding campaign either as a beneficiary or on
159	behalf of a beneficiary, regardless of whether the beneficiary
160	or the crowd-funding campaign has received donations.
161	a. For crowd-funding campaigns related to and arising out
162	of a declared disaster, a crowd-funding platform must:
163	(I) Collect and retain, for one year after the date of the
164	declared disaster, the name, e-mail address, phone number, and
165	state of residence of the organizer.
166	(II) Require the organizer to indicate, on the crowd-
167	funding campaign, the state in which they are located.
168	(III) Cooperate with any investigation by or in
169	partnership with law enforcement.
170	(IV) Clearly display and direct donors to fundraisers that
171	comply with the crowd-funding platform's terms of service.
172	b. When an organizer arranges a crowd-funding campaign
173	related to and arising out of a declared disaster, the organizer
174	must attest that:
175	(I) All information provided in connection with a crowd-
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176	funding campaign is accurate, complete, and not likely to
177	deceive users.
178	(II) All donations contributed to the crowd-funding
179	campaign will be used solely as described in the materials the
180	organizer posts or provides on the crowd-funding platform.
181	Section 4. Section 520.23, Florida Statutes, is amended to
182	read:
183	520.23 Disclosures requiredEach agreement governing the
184	sale or lease of a distributed energy generation system shall,
185	at a minimum, include a written statement printed in at least
186	12-point type that is separate from the agreement, is separately
187	acknowledged by the buyer or lessee, and includes the following
188	information and disclosures, if applicable:
189	(1) The name, address, telephone number, and e-mail
190	address of the buyer or lessee.
191	(2) The name, address, telephone number, e-mail address,
192	and valid state contractor license number of the person
193	responsible for installing the distributed energy generation
194	system.
195	(3) The name, address, telephone number, e-mail address,
196	and valid state contractor license number of the distributed
197	energy generation system maintenance provider, if different from
198	the person responsible for installing the distributed energy
199	generation system.
200	(4) The customer contact center phone number for the
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201 Department of Business and Professional Regulation. 202 (5) (4) A written statement indicating whether the 203 distributed energy generation system is being purchased or 204 leased. 205 If the distributed energy generation system will be (a) 206 leased, the written statement must include a disclosure in 207 substantially the following form: "You are entering into an 208 agreement to lease a distributed energy generation system. You 209 will lease (not own) the system installed on your property." 210 If the distributed energy generation system will be (b) 211 purchased, the written statement must include a disclosure in 212 substantially the following form: "You are entering into an 213 agreement to purchase a distributed energy generation system. 214 You will own (not lease) the system installed on your property." 215 (6) (5) The total cost to be paid by the buyer or lessee, 216 including any interest, installation fees, document preparation 217 fees, service fees, or other fees. (7) (6) A payment schedule, including any amounts owed at 218 219 contract signing, at the commencement of installation, at the completion of installation, and any final payments. If the 220 221 distributed energy generation system is being leased, the 222 written statement must include the frequency and amount of each 223 payment due under the lease and the total estimated lease 224 payments over the term of the lease. 225 (8) (7) Each state or federal tax incentive or rebate, if Page 9 of 82

CODING: Words stricken are deletions; words underlined are additions.

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any, relied upon by the seller in determining the price of the distributed energy generation system.

228 (9)(8) A description of the assumptions used to calculate 229 any savings estimates provided to the buyer or lessee, and if 230 such estimates are provided, a statement in substantially the 231 following form: "It is important to understand that future 232 electric utility rates are estimates only. Your future electric 233 utility rates may vary."

<u>(10)(9)</u> A description of any one-time or recurring fees,
including, but not limited to, estimated system removal fees,
maintenance fees, Internet connection fees, and automated
clearinghouse fees. If late fees may apply, the description must
describe the circumstances triggering such late fees.

239 (11) (10) A statement notifying the buyer whether the 240 distributed energy generation system is being financed and, if 241 so, a statement in substantially the following form: "If your 242 system is financed, carefully read any agreements and/or 243 disclosure forms provided by your lender. This statement does 244 not contain the terms of your financing agreement. If you have 245 any questions about your financing agreement, contact your 246 finance provider before signing a contract."

247 <u>(12)(11)</u> A statement notifying the buyer whether the 248 seller is assisting in arranging financing of the distributed 249 energy generation system and, if so, a statement in 250 substantially the following form: "If your system is financed,

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251 carefully read any agreements and/or disclosure forms provided 252 by your lender. This statement does not contain the terms of 253 your financing agreement. If you have any questions about your 254 financing agreement, contact your finance provider before 255 signing a contract."

256 (13) (12) A provision notifying the buyer or lessee of the 257 right to rescind the agreement for a period of at least 3 258 business days after the agreement is signed. This subsection 259 does not apply to a contract to sell or lease a distributed 260 energy generation system in a solar community in which the entire community has been marketed as a solar community and all 261 262 of the homes in the community are intended to have a distributed 263 energy generation system, or a solar community in which the 264 developer has incorporated solar technology for purposes of 265 meeting the Florida Building Code in s. 553.73.

266 (14) (13) A description of the distributed energy 267 generation system design assumptions, including the make and 268 model of the major components, system size, estimated first-year 269 energy production, and estimated annual energy production 270 decreases, including the overall percentage degradation over the 271 estimated life of the distributed energy generation system, and 272 the status of utility compensation for excess energy generated 273 by the system at the time of contract signing. A seller who 274 provides a warranty or guarantee of the energy production output 275 of the distributed energy generation system may provide a

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276 description of such warranty or guarantee in lieu of a 277 description of the system design and components.

278 <u>(15) (14)</u> A description of any performance or production 279 guarantees.

280 (16) (15) A description of the ownership and 281 transferability of any tax credits, rebates, incentives, or 282 renewable energy certificates associated with the distributed 283 energy generation system, including a disclosure as to whether 284 the seller will assign or sell any associated renewable energy 285 certificates to a third party.

286 <u>(17) (16)</u> A statement in substantially the following form: 287 "You are responsible for property taxes on property you own. 288 Consult a tax professional to understand any tax liability or 289 eligibility for any tax credits that may result from the 290 purchase of your distributed energy generation system."

291 (18) (17) The approximate start and completion dates for
 292 the installation of the distributed energy generation system.

293 <u>(19) (18)</u> A disclosure as to whether maintenance and 294 repairs of the distributed energy generation system are included 295 in the purchase price.

296 (20) (19) A disclosure as to whether any warranty or 297 maintenance obligations related to the distributed energy 298 generation system may be sold or transferred by the seller to a 299 third party and, if so, a statement in substantially the 300 following form: "Your contract may be assigned, sold, or

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301 transferred without your consent to a third party who will be 302 bound to all the terms of the contract. If a transfer occurs, 303 you will be notified if this will change the address or phone 304 number to use for system maintenance or repair requests."

305 <u>(21) (20)</u> If the distributed energy generation system will 306 be purchased, a disclosure notifying the buyer of the 307 requirements for interconnecting the system to the utility 308 system.

309 <u>(22) (21)</u> A disclosure notifying the buyer or lessee of the 310 party responsible for obtaining interconnection approval.

311

(23) (22) A description of any roof warranties.

312 (24) A statement in substantially the following form: "You 313 should consider the age and remaining life of your roof prior to 314 installing a distributed energy generation system. Replacement 315 of your roof may require reinstallment of the distributed energy 316 generation system."

317 <u>(25)(23)</u> A disclosure notifying the lessee whether the 318 seller will insure a leased distributed energy generation system 319 against damage or loss and, if applicable, the circumstances 320 under which the seller will not insure the system against damage 321 or loss.

322 <u>(26) (24)</u> A statement, if applicable, in substantially the 323 following form: "You are responsible for obtaining insurance 324 policies or coverage for any loss of or damage to the system. 325 Consult an insurance professional to understand how to protect

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326 against the risk of loss or damage to the system." 327 (27) A statement in substantially the following form: 328 "Placing a distributed energy generation system on your roof may impact your future insurance premiums. You are responsible for 329 330 contacting your insurance carrier, prior to entering into a 331 purchase or lease agreement, to confirm whether your current 332 policy or coverage will need to be modified upon installing the 333 distributed energy generation system onto your dwelling." 334 (28) (25) A disclosure notifying the buyer or lessee 335 whether the seller or lessor will place a lien on the buyer's or 336 lessee's home or other property as a result of entering into a 337 purchase or lease agreement for the distributed energy 338 generation system. 339 (29) <del>(26)</del> A disclosure notifying the buyer or lessee 340 whether the seller or lessor will file a fixture filing or a 341 State of Florida Uniform Commercial Code Financing Statement 342 Form (UCC-1) on the distributed energy generation system. 343 (30) (27) A disclosure identifying whether the agreement 344 contains any restrictions on the buyer's or lessee's ability to 345 modify or transfer ownership of a distributed energy generation 346 system, including whether any modification or transfer is 347 subject to review or approval by a third party. 348 (31) (32) A disclosure as to whether the lease agreement 349 may be transferred to a purchaser upon sale of the home or real property to which the system is affixed, and any conditions for 350

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351 such transfer.

352 <u>(32) (29)</u> A blank section that allows the seller to provide 353 additional relevant disclosures or explain disclosures made 354 elsewhere in the disclosure form.

356 The requirement to provide a written statement under this 357 section may be satisfied by the electronic delivery of a 358 document within 24 hours after execution of the written 359 statement containing the required statement if the intended 360 recipient of the electronic document affirmatively acknowledges its receipt. An electronic document satisfies the font and other 361 362 formatting standards required for the written statement if the 363 format and the relative size of characters of the electronic 364 document are reasonably similar to those required in the written 365 document or if the information is otherwise displayed in a 366 reasonably conspicuous manner.

367 Section 5. Subsection (6) of section 560.111, Florida368 Statutes, is amended to read:

369

355

560.111 Prohibited acts.-

(6) A person who knowingly and willfully violates <u>s.</u>
<u>560.309(11) or</u> s. 560.310(2)(d) commits a felony of the third
degree, punishable as provided in s. 775.082, s. 775.083, or s.
775.084.

374 Section 6. Subsection (11) is added to section 560.309, 375 Florida Statutes, to read:

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376	560.309 Conduct of business
377	(11) A licensee may not cash corporate checks where the
378	aggregate face amount of all corporate checks cashed for each
379	payee exceeds 200 percent of the payee's workers' compensation
380	policy payroll amount during the same dates as the workers'
381	compensation policy coverage period.
382	Section 7. Section 626.602, Florida Statutes, is amended
383	to read:
384	626.602 Insurance agency and adjusting firm names;
385	disapproval.—The department may disapprove the use of any true
386	or fictitious name, other than the bona fide natural name of an
387	individual, by any insurance agency <u>or adjusting firm</u> on any of
388	the following grounds:
389	(1) The name interferes with or is too similar to a name
390	already filed and in use by another agency, adjusting firm, or
391	insurer.
392	(2) The use of the name may mislead the public in any
393	respect.
394	(3) The name states or implies that the agency <u>or</u>
395	adjusting firm is an insurer, motor club, hospital service plan,
396	state or federal agency, charitable organization, or entity that
397	primarily provides advice and counsel rather than sells or
398	solicits insurance, <u>settles claims,</u> or is entitled to engage in
399	insurance activities not permitted under licenses held or
400	applied for. This provision does not prohibit the use of the
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401 word "state" or "states" in the name of the agency. The use of 402 the word "state" or "states" in the name of an agency <u>or</u> 403 <u>adjusting firm</u> does not in and of itself imply that the agency 404 or adjusting firm is a state agency.

405 The name contains the word "Medicare" or "Medicaid." (4) An insurance agency whose name contains the word "Medicare" or 406 407 "Medicaid" but which is licensed as of July 1, 2021, may 408 continue to use that name until June 30, 2023, provided that the 409 agency's license remains valid. If the agency's license expires or is suspended or revoked, the agency may not be relicensed 410 411 using that name. Licenses for agencies with names containing 412 either of these words automatically expire on July 1, 2023, unless these words are removed from the name. 413

414 Section 8. Section 626.854, Florida Statutes, is amended 415 to read:

416 626.854 "Public adjuster" defined; prohibitions.—The 417 Legislature finds that it is necessary for the protection of the 418 public to regulate public insurance adjusters and to prevent the 419 unauthorized practice of law.

(1) A "public adjuster" is any person, except a duly licensed attorney at law as exempted under s. 626.860, who, for money, commission, or any other thing of value, directly or indirectly prepares, completes, or files an insurance claim for an insured or third-party claimant, regardless of how that person describes or presents his or her services, or who, for

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426 money, commission, or any other thing of value, acts on behalf 427 of, or aids an insured or third-party claimant in negotiating 428 for or effecting the settlement of a claim or claims for loss or damage covered by an insurance contract, regardless of how that 429 430 person describes or presents his or her services, or who 431 advertises for employment as an adjuster of such claims. The 432 term also includes any person who, for money, commission, or any 433 other thing of value, directly or indirectly solicits, 434 investigates, or adjusts such claims on behalf of a public 435 adjuster, an insured, or a third-party claimant. The term does 436 not include a person who photographs or inventories damaged personal property or business personal property or a person 437 438 performing duties under another professional license, if such 439 person does not otherwise solicit, adjust, investigate, or 440 negotiate for or attempt to effect the settlement of a claim. 441 (2) This definition does not apply to: A licensed health care provider or employee thereof 442 (a) 443 who prepares or files a health insurance claim form on behalf of 444 a patient. 445 A licensed health insurance agent who assists an (b) insured with coverage questions, medical procedure coding 446 issues, balance billing issues, understanding the claims filing 447 process, or filing a claim, as such assistance relates to 448 449 coverage under a health insurance policy. 450 (c) A person who files a health claim on behalf of another

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451	and does so without compensation.
452	(3) A public adjuster may not give legal advice or act on
453	behalf of or aid any person in negotiating or settling a claim
454	relating to bodily injury, death, or noneconomic damages.
455	(4) For purposes of this section, the term "insured"
456	includes only the policyholder and any beneficiaries named or
457	similarly identified in the policy.
458	(5) A public adjuster may not directly or indirectly
459	through any other person or entity solicit an insured or
460	claimant by any means except on Monday through Saturday of each
461	week and only between the hours of 8 a.m. and 8 p.m. on those
462	days.
463	(6) When entering a contract for adjuster services after
464	July 1, 2023, a public adjuster:
464 465	July 1, 2023, a public adjuster: (a) May not collect a fee for services on payments made to
	(a) May not collect a fee for services on payments made to
465	(a) May not collect a fee for services on payments made to
465 466	(a) May not collect a fee for services on payments made to a named insured unless they have a written contract with the
465 466 467	(a) May not collect a fee for services on payments made to a named insured unless they have a written contract with the named insured, or the named insured's legal representative.
465 466 467 468	(a) May not collect a fee for services on payments made to a named insured unless they have a written contract with the named insured, or the named insured's legal representative. (b) May not contract for services to be provided by a
465 466 467 468 469	(a) May not collect a fee for services on payments made to a named insured unless they have a written contract with the named insured, or the named insured's legal representative. (b) May not contract for services to be provided by a third party on behalf of the named insured or in pursuit of
465 466 467 468 469 470	(a) May not collect a fee for services on payments made to a named insured unless they have a written contract with the named insured, or the named insured's legal representative. (b) May not contract for services to be provided by a third party on behalf of the named insured or in pursuit of settlement of the named insureds claim, if the cost of those
465 467 468 469 470 471	(a) May not collect a fee for services on payments made to a named insured unless they have a written contract with the named insured, or the named insured's legal representative. (b) May not contract for services to be provided by a third party on behalf of the named insured or in pursuit of settlement of the named insureds claim, if the cost of those services is to be borne by the named insured, unless the named insured agrees in writing to procure these services and such
465 467 468 469 470 471 472	(a) May not collect a fee for services on payments made to a named insured unless they have a written contract with the named insured, or the named insured's legal representative. (b) May not contract for services to be provided by a third party on behalf of the named insured or in pursuit of settlement of the named insureds claim, if the cost of those services is to be borne by the named insured, unless the named insured agrees in writing to procure these services and such
465 467 468 469 470 471 472 473	(a) May not collect a fee for services on payments made to a named insured unless they have a written contract with the named insured, or the named insured's legal representative. (b) May not contract for services to be provided by a third party on behalf of the named insured or in pursuit of settlement of the named insureds claim, if the cost of those services is to be borne by the named insured, unless the named insured agrees in writing to procure these services and such agreement is entered into subsequent to the date of the contract

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476	service provider to assist with the settlement of the named
477	insured's claim, without first obtaining the insured's written
478	consent, payment of the third party's fees must be made by the
479	public adjuster and may not be charged back to the named
480	insured.
481	(d) If a public adjuster represents anyone other than the
482	named insured in a claim, the public adjuster fees shall be paid
483	by the third party and may not be charged back to the named
484	insured.
485	(7)(6) An insured or claimant may cancel a public
486	adjuster's contract to adjust a claim without penalty or
487	obligation within 10 days after the date on which the contract
488	is executed. If the contract was entered into based on events
489	that are the subject of a declaration of a state of emergency by
490	the Governor, an insured or claimant may cancel the public
491	adjuster's contract to adjust a claim without penalty or
492	obligation within 30 days after the date of loss or 10 days
493	after the date on which the contract is executed, whichever is
494	longer. The public adjuster's contract must contain the
495	following language in minimum 18-point bold type <u>immediately</u>
496	before the space reserved in the contract for the signature of
497	the insured or claimant:
498	"You, the insured, may cancel this contract for any reason
499	without penalty or obligation to you within 10 days after
500	the date of this contract. If this contract was entered
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501	into based on events that are the subject of a declaration
502	of a state of emergency by the Governor, you may cancel
503	this contract for any reason without penalty or obligation
504	to you within 30 days after the date of loss or 10 days
505	after the date on which the contract is executed, whichever
506	is longer. You may also cancel the contract without penalty
507	or obligation to you if I, as your public adjuster, fail to
508	provide you and your insurer a copy of a written estimate
509	within 60 days of the execution of the contract, unless the
510	failure to provide the estimate within 60 days is caused by
511	factors beyond my control, in accordance with s.
512	627.70131(5)(a)2., Florida Statutes. The 60-day
513	cancellation period for failure to provide a written
514	estimate shall cease on the date I have provided you with
515	the written estimate." The by providing notice of
516	cancellation shall be provided to(name of public
517	adjuster), submitted in writing and sent by certified
518	mail, return receipt requested, or other form of mailing
519	that provides proof thereof, at the address specified in
520	the contract.
521	(8)(7) It is an unfair and deceptive insurance trade
522	practice pursuant to s. 626.9541 for a public adjuster or any

523 other person to circulate or disseminate any advertisement, 524 announcement, or statement containing any assertion, 525 representation, or statement with respect to the business of

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526 insurance which is untrue, deceptive, or misleading. 527 The following statements, made in any public (a) 528 adjuster's advertisement or solicitation, are considered 529 deceptive or misleading: 530 1. A statement or representation that invites an insured 531 policyholder to submit a claim when the policyholder does not 532 have covered damage to insured property. 2. A statement or representation that invites an insured 533 534 policyholder to submit a claim by offering monetary or other 535 valuable inducement. 536 3. A statement or representation that invites an insured 537 policyholder to submit a claim by stating that there is "no 538 risk" to the policyholder by submitting such claim. 539 4. A statement or representation, or use of a logo or 540 shield, that implies or could mistakenly be construed to imply 541 that the solicitation was issued or distributed by a 542 governmental agency or is sanctioned or endorsed by a 543 governmental agency. 544 For purposes of this paragraph, the term "written (b) 545 advertisement" includes only newspapers, magazines, flyers, and bulk mailers. The following disclaimer, which is not required to 546 547 be printed on standard size business cards, must be added in 548 bold print and capital letters in typeface no smaller than the 549 typeface of the body of the text to all written advertisements by a public adjuster: 550 Page 22 of 82

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551 552 "THIS IS A SOLICITATION FOR BUSINESS. IF YOU HAVE HAD 553 A CLAIM FOR AN INSURED PROPERTY LOSS OR DAMAGE AND YOU 554 ARE SATISFIED WITH THE PAYMENT BY YOUR INSURER, YOU 555 MAY DISREGARD THIS ADVERTISEMENT." 556 557 (9) (8) A public adjuster, a public adjuster apprentice, or 558 any person or entity acting on behalf of a public adjuster or 559 public adjuster apprentice may not give or offer to give a 560 monetary loan or advance to a client or prospective client. (10) (9) A public adjuster, public adjuster apprentice, or 561 562 any individual or entity acting on behalf of a public adjuster 563 or public adjuster apprentice may not give or offer to give, 564 directly or indirectly, any article of merchandise having a 565 value in excess of \$25 to any individual for the purpose of 566 advertising or as an inducement to entering into a contract with 567 a public adjuster. 568 (11) (a) <del>(10) (a)</del> If a public adjuster enters into a contract 569 with an insured or claimant to reopen a claim or file a 570 supplemental claim that seeks additional payments for a claim 571 that has been previously paid in part or in full or settled by 572 the insurer, the public adjuster may not charge, agree to, or 573 accept from any source compensation, payment, commission, fee, 574 or any other thing of value based on a previous settlement or previous claim payments by the insurer for the same cause of 575

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576 loss. The charge, compensation, payment, commission, fee, or any 577 other thing of value must be based only on the claim payments or 578 settlements paid to the insured, exclusive of attorney fees and 579 costs, obtained through the work of the public adjuster after 580 entering into the contract with the insured or claimant. 581 Compensation for the reopened or supplemental claim may not 582 exceed 20 percent of the reopened or supplemental claim payment. 583 In no event shall the contracts described in this paragraph 584 exceed the limitations in paragraph (b).

(b) A public adjuster may not charge, agree to, or accept from any source compensation, payment, commission, fee, or any other thing of value in excess of:

1. Ten percent of the amount of insurance claim payments or settlements, exclusive of attorney fees and costs, paid to the insured by the insurer for claims based on events that are the subject of a declaration of a state of emergency by the Governor. This provision applies to claims made during the year after the declaration of emergency. After that year, the limitations in subparagraph 2. apply.

595 2. Twenty percent of the amount of insurance claim 596 payments or settlements, exclusive of attorney fees and costs, 597 paid to the insured by the insurer for claims that are not based 598 on events that are the subject of a declaration of a state of 599 emergency by the Governor.

600

3. One percent of the amount of insurance claim payments

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601 or settlements, paid to the insured by the insurer for any 602 coverage part of the policy where the claim payment or written 603 agreement by the insurer to pay is equal to or greater than the 604 policy limit for that part of the policy, if the payment or 605 written commitment to pay is provided within 14 days after the 606 date of loss or within 10 days after the date on which the 607 public adjusting contract is executed, whichever is later. 608 4. Zero percent of the amount of insurance claim payments 609 or settlements, paid to the insured by the insurer for any 610 coverage part of the policy where the claim payment or written 611 agreement by the insurer to pay occurs before the date on which 612 the public adjusting contract is executed. Insurance claim payments made by the insurer do not 613 (C) 614 include policy deductibles, and public adjuster compensation may 615 not be based on the deductible portion of a claim. 616 (d) Public adjuster compensation may not be based on 617 amounts attributable to additional living expenses, unless such 618 compensation is affirmatively agreed to in a separate agreement 619 that includes a disclosure in substantially the following form: 620 "I agree to retain and compensate the public adjuster for

621 adjusting my additional living expenses and securing payment 622 from my insurer for amounts attributable to additional living 623 expenses payable under the policy issued on my (home/mobile 624 home/condominium unit)."

625

(e) Public adjuster rate of compensation may not be

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626 increased based solely on the fact that the claim is litigated. 627 (f) Any maneuver, shift, or device through which the 628 limits on compensation set forth in this subsection are exceeded 629 is a violation of this chapter punishable as provided under s. 630 626.8698.

631 (12) (a) (11) Each public adjuster must provide to the 632 claimant or insured a written estimate of the loss to assist in 633 the submission of a proof of loss or any other claim for payment 634 of insurance proceeds within 60 days after the date of the 635 contract. The written estimate must include an itemized, perunit estimate of the repairs, including itemized information on 636 637 equipment, materials, labor, and supplies, in accordance with 638 accepted industry standards. The public adjuster shall retain 639 such written estimate for at least 5 years and shall make the 640 estimate available to the claimant or insured, the insurer, and 641 the department upon request.

642 (b) An insured may cancel the contract with no additional 643 penalties or fees charged by the public adjuster if such an 644 estimate is not provided within 60 days after executing the 645 contract, subject to the cancellation notice requirement in this section, unless the failure to provide the estimate within 60 646 647 days is caused by factors beyond the control of the public 648 adjuster. The cancellation period shall cease on the date the 649 public adjuster provides the written estimate to the insured. 650 (13) (12) A public adjuster, public adjuster apprentice, or

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651 any person acting on behalf of a public adjuster or apprentice 652 may not accept referrals of business from any person with whom 653 the public adjuster conducts business if there is any form or 654 manner of agreement to compensate the person, directly or 655 indirectly, for referring business to the public adjuster. A 656 public adjuster may not compensate any person, except for 657 another public adjuster, directly or indirectly, for the 658 principal purpose of referring business to the public adjuster.

659 (14) (13) A company employee adjuster, independent 660 adjuster, attorney, investigator, or other persons acting on behalf of an insurer that needs access to an insured or claimant 661 662 or to the insured property that is the subject of a claim must 663 provide at least 48 hours' notice to the insured or claimant, 664 public adjuster, or legal representative before scheduling a 665 meeting with the claimant or an onsite inspection of the insured 666 property. The insured or claimant may deny access to the 667 property if the notice has not been provided. The insured or 668 claimant may waive the 48-hour notice.

669 <u>(15) (14)</u> The public adjuster must ensure that prompt 670 notice is given of the claim to the insurer, the public 671 adjuster's contract is provided to the insurer, the property is 672 available for inspection of the loss or damage by the insurer, 673 and the insurer is given an opportunity to interview the insured 674 directly about the loss and claim. The insurer must be allowed 675 to obtain necessary information to investigate and respond to

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676 the claim.

677 The insurer may not exclude the public adjuster from (a) 678 its in-person meetings with the insured. The insurer shall meet or communicate with the public adjuster in an effort to reach 679 680 agreement as to the scope of the covered loss under the 681 insurance policy. The public adjuster shall meet or communicate 682 with the insurer in an effort to reach agreement as to the scope 683 of the covered loss under the insurance policy. This section 684 does not impair the terms and conditions of the insurance policy 685 in effect at the time the claim is filed.

(b) A public adjuster may not restrict or prevent an
insurer, company employee adjuster, independent adjuster,
attorney, investigator, or other person acting on behalf of the
insurer from having reasonable access at reasonable times to any
insured or claimant or to the insured property that is the
subject of a claim.

692 A public adjuster may not act or fail to reasonably (C) 693 act in any manner that obstructs or prevents an insurer or 694 insurer's adjuster from timely conducting an inspection of any 695 part of the insured property for which there is a claim for loss 696 or damage. The public adjuster representing the insureds may be present for the insurer's inspection, but if the unavailability 697 698 of the public adjuster otherwise delays the insurer's timely 699 inspection of the property, the public adjuster or the insureds must allow the insurer to have access to the property without 700

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701 the participation or presence of the public adjuster or insureds 702 in order to facilitate the insurer's prompt inspection of the 703 loss or damage.

704 (16) <del>(15)</del> A licensed contractor under part I of chapter 705 489, or a subcontractor of such licensee, may not advertise, 706 solicit, offer to handle, handle, or perform public adjuster 707 services as provided in subsection (1) unless licensed and 708 compliant as a public adjuster under this chapter. The 709 prohibition against solicitation does not preclude a contractor 710 from suggesting or otherwise recommending to a consumer that the consumer consider contacting his or her insurer to determine if 711 712 the proposed repair is covered under the consumer's insurance 713 policy, except as it relates to solicitation prohibited in s. 714 489.147. In addition, the contractor may discuss or explain a 715 bid for construction or repair of covered property with the 716 residential property owner who has suffered loss or damage 717 covered by a property insurance policy, or the insurer of such 718 property, if the contractor is doing so for the usual and 719 customary fees applicable to the work to be performed as stated 720 in the contract between the contractor and the insured.

721 (17) (16) A public adjuster shall not acquire any interest 722 in salvaged property, except with the written consent and 723 permission of the insured through a signed affidavit.

724 (18) (17) A public adjuster, a public adjuster apprentice,
 725 or a person acting on behalf of an adjuster or apprentice may

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726 not enter into a contract or accept a power of attorney that 727 vests in the public adjuster, the public adjuster apprentice, or 728 the person acting on behalf of the adjuster or apprentice the effective authority to choose the persons or entities that will 729 730 perform repair work in a property insurance claim or provide 731 goods or services that will require the insured or third-party 732 claimant to expend funds in excess of those payable to the 733 public adjuster under the terms of the contract for adjusting 734 services.

735 (19) (18) Subsections (5) - (18) (5) - (17) apply only to 736 residential property insurance policies and condominium unit 737 owner policies as described in s. 718.111(11).

738 <u>(20) (19)</u> Except as otherwise provided in this chapter, no 739 person, except an attorney at law or a licensed public adjuster, 740 may for money, commission, or any other thing of value, directly 741 or indirectly:

(a) Prepare, complete, or file an insurance claim for aninsured or a third-party claimant;

(b) Act on behalf of or aid an insured or a third-party claimant in negotiating for or effecting the settlement of a claim for loss or damage covered by an insurance contract;

747 (c) Offer to initiate or negotiate a claim on behalf of an 748 insured;

749 (d) Advertise services that require a license as a public 750 adjuster; or

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751 Solicit, investigate, or adjust a claim on behalf of a (e) 752 public adjuster, an insured, or a third-party claimant. 753 (21) (20) The department may take administrative actions 754 and impose fines against any persons performing claims 755 adjusting, soliciting, or any other services described in this 756 section without the licensure required under this section or s. 757 626.112. 758 (22) (21) A public adjuster, public adjuster apprentice, or 759 public adjusting firm that solicits a claim and does not enter into a contract with an insured or a third-party claimant 760 761 pursuant to paragraph (11)(a) (10)(a) may not charge an insured 762 or a third-party claimant or receive payment by any other source 763 for any type of service related to the insured or third-party 764 claimant's claim. 765 (23) (a) (22) (a) Any following act by a public adjuster, a 766 public adjuster apprentice, or a person acting on behalf of a 767 public adjuster or public adjuster apprentice is prohibited and 768 shall result in discipline as applicable under this part: 769 1. Offering to a residential property owner a rebate, 770 gift, gift card, cash, coupon, waiver of any insurance 771 deductible, or any other thing of value in exchange for: 772 a. Allowing a contractor, a public adjuster, a public 773 adjuster apprentice, or a person acting on behalf of a public 774 adjuster or public adjuster apprentice to conduct an inspection 775 of the residential property owner's roof; or

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776 Making an insurance claim for damage to the residential b. 777 property owner's roof. 778 2. Offering, delivering, receiving, or accepting any 779 compensation, inducement, or reward for the referral of any 780 services for which property insurance proceeds would be used for 781 roofing repairs or replacement. 782 (b) Notwithstanding the fine set forth in s. 626.8698, a

public adjuster or public adjuster apprentice may be subject to a fine not to exceed \$10,000 per act for a violation of this subsection and a fine not to exceed \$20,000 per act for a violation of this subsection that occurs during a state of emergency declared by executive order or proclamation of the Governor pursuant to s. 252.36.

(c) A person who engages in an act prohibited by this subsection and who is not a public adjuster or a public adjuster apprentice, or is not otherwise exempt from licensure, is guilty of the unlicensed practice of public adjusting and may be:

793 1. Subject to all applicable penalties set forth in this794 part.

795 2. Notwithstanding subparagraph 1., subject to a fine not 796 to exceed \$10,000 per act for a violation of this subsection and 797 a fine not to exceed \$20,000 per act for a violation of this 798 subsection that occurs during a state of emergency declared by 799 executive order or proclamation of the Governor pursuant to s. 800 252.36.

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801 Section 9. Section 626.875, Florida Statutes, is amended 802 to read: 803 626.875 Office and records.-804 (1) (a) Each appointed independent adjuster and licensed 805 public adjuster must maintain a place of business in this state 806 which is accessible to the public and keep therein the usual and 807 customary records pertaining to transactions under the license. This provision does not prohibit maintenance of such an office 808 809 in the home of the licensee. (b) A license issued under this chapter must at all times 810 be posted in a conspicuous place in the principal place of 811 812 business of the license holder. If the licensee is conducting 813 business away from the place of business such that the license 814 cannot be posted, the licensee shall have such license in his or 815 her actual possession at the time of carrying on such business. 816 (2) The records of the adjuster relating to a particular 817 claim or loss shall be so retained in the adjuster's place of 818 business for a period of not less than 5 years after completion 819 of the adjustment and shall be available for inspection by the department between the hours of 8 a.m. and 5 p.m., Monday 820 through Friday, excluding state holidays. This provision shall 821 822 not be deemed to prohibit return or delivery to the insurer or 823 insured of documents furnished to or prepared by the adjuster 824 and required by the insurer or insured to be returned or 825 delivered thereto. At a minimum, the following records must be

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826	maintained for a period of not less than 5 years:
827	(a) Name, address, telephone number, and e-mail address of
828	the insured, and the name of the attorney representing the
829	insured, if applicable.
830	(b) The date, location, and amount of the loss.
831	(c) An unaltered copy of the executed disclosure document
832	required by s. 626.8796.
833	(d) An unaltered copy of the executed public adjuster
834	contract required by s. 626.8796.
835	(e) A copy of the estimate of damages provided to the
836	insurer.
837	(f) The name of the insurer; the name of the claims
838	representative of the insurer; and the amount, expiration date,
839	and number of each policy under which the loss is covered.
840	(g) An itemized statement of the recoveries by the insured
841	from the sources known to the adjuster.
842	(h) An itemized statement of all compensation received by
843	the public adjuster from any source in connection with the loss.
844	(i) A register of all money received, deposited,
845	disbursed, and withdrawn in connection with a transaction with
846	the insured, including fees, transfers, and disbursements in
847	connection with the loss.
848	Section 10. Section 626.8796, Florida Statutes, is amended
849	to read:
850	626.8796 Public adjuster contracts; <u>disclosure statement;</u>
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851 fraud statement.-

852 All contracts for public adjuster services must be in (1) 853 writing in at least 12-point type, be titled "Public Adjuster 854 Contract, " and prominently display the following statement on 855 the contract in minimum 18-point bold type before the space 856 reserved in the contract for the signature of the insured: 857 "Pursuant to s. 817.234, Florida Statutes, any person who, with 858 the intent to injure, defraud, or deceive an insurer or insured, 859 prepares, presents, or causes to be presented a proof of loss or 860 estimate of cost or repair of damaged property in support of a 861 claim under an insurance policy knowing that the proof of loss 862 or estimate of claim or repairs contains false, incomplete, or 863 misleading information concerning any fact or thing material to 864 the claim commits a felony of the third degree, punishable as 865 provided in s. 775.082, s. 775.083, or s. 775.084, Florida 866 Statutes."

867 (2) A public adjuster contract relating to a property and 868 casualty claim must contain the full name, permanent business 869 address, phone number, e-mail address, and license number of the 870 public adjuster; the full name of the public adjusting firm; and the insured's full name, and street address, phone number, and 871 e-mail address, together with a brief description of the loss. 872 873 The contract must state the percentage of compensation for the 874 public adjuster's services in minimum 18-point bold type before 875 the space reserved in the contract for the signature of the

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876 insured; the type of claim, including an emergency claim, 877 nonemergency claim, or supplemental claim; the initials of the 878 named insured on each page that does not contain the insured's signature; the signatures of the public adjuster and all named 879 880 insureds; and the signature date. If all of the named insureds' 881 signatures are not available, the public adjuster must submit an 882 affidavit signed by the available named insureds attesting that 883 they have authority to enter into the contract and settle all 884 claim issues on behalf of the named insureds. An unaltered copy 885 of the executed contract must be remitted to the insured at the 886 time of execution and to the insurer, or the insurer's 887 representative within 7 30 days after execution. A public 888 adjusting firm that adjusts claims primarily for commercial 889 entities with operations in more than one state and that does 890 not directly or indirectly perform adjusting services for 891 insurers or individual homeowners is deemed to comply with the 892 requirements of this subsection if, at the time a proof of loss 893 is submitted, the public adjusting firm remits to the insurer an 894 affidavit signed by the public adjuster or public adjuster 895 apprentice that identifies:

(a) The full name, permanent business address, <u>phone</u>
 <u>number, e-mail address</u>, and license number of the public
 adjuster or public adjuster apprentice.

899

(b)

900

(c) The insured's full name, and street address, phone

The full name of the public adjusting firm.

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CODING: Words stricken are deletions; words underlined are additions.

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901	number, and e-mail address, together with a brief description of
902	the loss.
903	(d) An attestation that the compensation for public
904	adjusting services will not exceed the limitations provided by
905	law.
906	(e) The type of claim, including an emergency claim,
907	nonemergency claim, or supplemental claim <u>.</u>
908	(3) The public adjuster shall not receive compensation for
909	services provided before the date the insured receives an
910	unaltered copy of the executed contract or the date executed
911	contract is submitted to the insurer. Proof of receipt by the
912	insured and proof of submission to the insurer must be
913	maintained by the public adjuster for not less than 5 years.
914	(4) The insured may rescind the contract for public
915	adjuster services if the public adjuster has not submitted a
916	written estimate to the insurer within 60 days after executing
917	the contract, unless the failure to provide the written estimate
918	within 60 days is caused by factors beyond the public adjuster's
919	<u>control.</u>
920	(5) The cancellation period for failure to provide a
921	written estimate terminates on the date the estimate is
922	provided.
923	(6) Before the signing of the contract, the public
924	adjuster shall provide the insured with a separate disclosure
924 925	

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926	department, regarding the claim process which accomplishes the
927	following:
928	(a) Defines the following types of adjusters who may be
929	involved in the claim process: company adjuster, independent
930	adjuster, and public adjuster.
931	(b) Explains that the public adjuster is not a
932	representative or employee of the insurer.
933	(c) Explains that the insured is not required to hire a
934	public adjuster, but has a right to do so.
935	(d) Explains that an insured has a right to initiate
936	direct communications with the insured's attorney, the insurer,
937	the company adjuster, the insurer's attorney, or any person
938	regarding the settlement of the insured's claim.
939	(e) Explains that the public adjuster's salary, fee,
940	commission, or other consideration to be paid to a public
941	adjuster is the insured's responsibility.
942	(f) Explains that the public adjuster is required to
943	provide the insured an unaltered copy of the executed contract
944	at the time of execution.
945	(g) Explains that if the contract was entered into based
946	on events that are the subject of a declaration of a state of
947	emergency by the Governor, an insured or a claimant may cancel
948	the public adjuster's contract to adjust a claim without penalty
949	<u>or obligation within 30 days after the date of loss or 10 days</u>
950	after the date on which the contract is executed, whichever is

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951	longer.
952	(h) The public adjuster shall provide an unaltered copy of
953	the executed disclosure document to the insured at the time of
954	execution.
955	(7) A contract that does not comply with this section is
956	invalid and unenforceable.
957	(8) The department may adopt rules pursuant to ss.
958	120.536(1) and 120.54 to implement this section, including rules
959	to adopt forms required by this section.
960	Section 11. Section 626.8797, Florida Statutes, is amended
961	to read:
962	626.8797 Proof of loss; fraud statement.—All proof-of-loss
963	statements must prominently display the following statement $\underline{in}$
964	minimum 18-point bold type before the space reserved in the
965	contract for the signature of the insured: "Pursuant to s.
966	817.234, Florida Statutes, any person who, with the intent to
967	injure, defraud, or deceive any insurer or insured, prepares,
968	presents, or causes to be presented a proof of loss or estimate
969	of cost or repair of damaged property in support of a claim
970	under an insurance policy knowing that the proof of loss or
971	estimate of claim or repairs contains any false, incomplete, or
972	misleading information concerning any fact or thing material to
973	the claim commits a felony of the third degree, punishable as
974	provided in s. 775.082, s. 775.083, or s. 775.084, Florida
975	Statutes."

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976 Section 12. Paragraph (a) of subsection (1) of section 626.9541, Florida Statutes, is amended to read: 977 978 626.9541 Unfair methods of competition and unfair or 979 deceptive acts or practices defined.-980 UNFAIR METHODS OF COMPETITION AND UNFAIR OR DECEPTIVE (1)981 ACTS.-The following are defined as unfair methods of competition 982 and unfair or deceptive acts or practices: 983 Misrepresentations and false advertising of insurance (a) policies.-Knowingly making, issuing, circulating, or causing to 984 985 be made, issued, or circulated, any estimate, illustration, 986 circular, statement, sales presentation, omission, comparison, 987 or property and casualty certificate of insurance altered after 988 being issued, which: 989 1. Misrepresents the benefits, advantages, conditions, or 990 terms of any insurance policy. 991 2. Misrepresents the dividends or share of the surplus to 992 be received on any insurance policy. 993 Makes any false or misleading statements as to the 3. 994 dividends or share of surplus previously paid on any insurance 995 policy. Is misleading, or is a misrepresentation, as to the 996 4. 997 financial condition of any person or as to the legal reserve 998 system upon which any life insurer operates. 999 5. Uses any name or title of any insurance policy or class 1000 of insurance policies misrepresenting the true nature thereof. Page 40 of 82

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1001 Is a misrepresentation for the purpose of inducing, or 6. 1002 tending to induce, the lapse, forfeiture, exchange, conversion, 1003 or surrender of any insurance policy. 1004 7. Is a misrepresentation for the purpose of effecting a 1005 pledge or assignment of, or effecting a loan against, any 1006 insurance policy. 1007 8. Misrepresents any insurance policy as being shares of 1008 stock or misrepresents ownership interest in the company. 1009 9. Uses any advertisement that would mislead or otherwise cause a reasonable person to believe mistakenly that the state 1010 1011 or the Federal Government is responsible for the insurance sales activities of any person or stands behind any person's credit or 1012 1013 that any person, the state, or the Federal Government guarantees 1014 any returns on insurance products or is a source of payment of any insurance obligation of or sold by any person. 1015 1016 10. Fails to disclose a third party that receives royalties, referral fees, or other remuneration for sponsorship, 1017 1018 marketing, or use of third-party branding for a policy of health 1019 insurance as defined in s. 624.603. 1020 Section 13. Paragraph (c) of subsection (2) of section 627.4025, Florida Statutes, is amended, and paragraph (d) is 1021 added to that subsection, to read: 1022 1023 627.4025 Residential coverage and hurricane coverage 1024 defined.-1025 (2) As used in policies providing residential coverage: Page 41 of 82

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1026 "Hurricane" for purposes of paragraphs (a) and (b) (C) means a storm system that has been declared to be a hurricane by 1027 1028 the National Hurricane Center of the National Weather Service. 1029 The duration of the hurricane includes the time period, in 1030 Florida: 1031 1. Beginning at the time a hurricane watch or hurricane 1032 warning is issued for any part of Florida by the National 1033 Hurricane Center of the National Weather Service; and 1034 2. Continuing for the time period during which the 1035 hurricane conditions exist anywhere in Florida; and 1036 3. Ending 72 hours following the termination of the last 1037 hurricane watch or hurricane warning issued for any part of 1038 Florida by the National Hurricane Center of the National Weather 1039 Service. 1040 "Hurricane deductible" means the deductible applicable (d) 1041 to loss caused by a hurricane. 1042 Section 14. Paragraph (b) of subsection (1) and paragraph (b) of subsection (2) of section 627.4133, Florida Statutes, are 1043 1044 amended, and paragraph (d) is added to subsection (1) and 1045 paragraph (c) is added to subsection (2) of that section, to 1046 read: 1047 627.4133 Notice of cancellation, nonrenewal, or renewal 1048 premium.-1049 (1) Except as provided in subsection (2): An insurer issuing a policy providing coverage for 1050 (b)

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1051 property, casualty, except mortgage guaranty, surety, or marine 1052 insurance, other than motor vehicle insurance subject to s. 1053 627.728 or s. 627.7281, shall give the first-named insured written notice of cancellation or termination other than 1054 1055 nonrenewal at least 45 days prior to the effective date of the 1056 cancellation or termination, including in the written notice the 1057 reason or reasons for the cancellation or termination, except 1058 that:

1059 1. When cancellation is for nonpayment of premium, at 1060 least 10 days' written notice of cancellation accompanied by the 1061 reason therefor shall be given. As used in this subparagraph and s. 440.42(3), the term "nonpayment of premium" means failure of 1062 1063 the named insured to discharge when due any of her or his 1064 obligations in connection with the payment of premiums on a 1065 policy or any installment of such premium, whether the premium 1066 is payable directly to the insurer or its agent or indirectly under any premium finance plan or extension of credit, or 1067 1068 failure to maintain membership in an organization if such 1069 membership is a condition precedent to insurance coverage. 1070 "Nonpayment of premium" also means the failure of a financial 1071 institution to honor an insurance applicant's check after 1072 delivery to a licensed agent for payment of a premium, even if 1073 the agent has previously delivered or transferred the premium to 1074 the insurer. If a dishonored check represents the initial premium payment, the contract and all contractual obligations 1075

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1076 shall be void ab initio unless the nonpayment is cured within 1077 the earlier of 5 days after actual notice by certified mail is 1078 received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail, and if the 1079 1080 contract is void, any premium received by the insurer from a 1081 third party shall be refunded to that party in full; and 1082 2. When such cancellation or termination occurs during the 1083 first 60 90 days during which the insurance is in force and the 1084 insurance is canceled or terminated for reasons other than 1085 nonpayment of premium, at least 20 days' written notice of 1086 cancellation or termination accompanied by the reason therefor 1087 shall be given except where there has been a material 1088 misstatement or misrepresentation or failure to comply with the 1089 underwriting requirements established by the insurer. 1090 1091 After the policy has been in effect for 60 90 days, no such 1092 policy shall be canceled by the insurer except when there has 1093 been a material misstatement, a nonpayment of premium, a failure 1094 to comply with underwriting requirements established by the 1095 insurer within 60  $\frac{90}{20}$  days of the date of effectuation of 1096 coverage, or a substantial change in the risk covered by the 1097 policy or when the cancellation is for all insureds under such 1098 policies for a given class of insureds. This subsection does not 1099 apply to individually rated risks having a policy term of less than 90 days. 1100

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1101	(d) Notwithstanding subparagraph (b), Citizens Property
1102	Insurance Corporation in underwriting risks that, prior to the
1103	date of the application, were most recently insured by an
1104	insurer that has been placed in receivership under chapter 631,
1105	may immediately cancel a policy insuring such risk that has been
1106	in effect for 90 days or less for material misrepresentation or
1107	failure to comply with underwriting requirements established
1108	before the effectuation of coverage.
1109	(2) With respect to any personal lines or commercial
1110	residential property insurance policy, including, but not
1111	limited to, any homeowner, mobile home owner, farmowner,
1112	condominium association, condominium unit owner, apartment
1113	building, or other policy covering a residential structure or
1114	its contents:
1115	(b) The insurer shall give the first-named insured written
1116	notice of nonrenewal, cancellation, or termination at least 120
1117	days before the effective date of the nonrenewal, cancellation,
1118	or termination. The notice must include the reason for the
1119	nonrenewal, cancellation, or termination, except that:
1120	1. If cancellation is for nonpayment of premium, at least
1121	10 days' written notice of cancellation accompanied by the
1122	reason therefor must be given. As used in this subparagraph, the
1123	term "nonpayment of premium" means failure of the named insured
1124	to discharge when due her or his obligations for paying the
1125	premium on a policy or an installment of such premium, whether

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1126 the premium is payable directly to the insurer or its agent or 1127 indirectly under a premium finance plan or extension of credit, 1128 or failure to maintain membership in an organization if such 1129 membership is a condition precedent to insurance coverage. The term also means the failure of a financial institution to honor 1130 an insurance applicant's check after delivery to a licensed 1131 1132 agent for payment of a premium even if the agent has previously 1133 delivered or transferred the premium to the insurer. If a 1134 dishonored check represents the initial premium payment, the contract and all contractual obligations are void ab initio 1135 1136 unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the 1137 1138 applicant or 15 days after notice is sent to the applicant by certified mail or registered mail. If the contract is void, any 1139 premium received by the insurer from a third party must be 1140 1141 refunded to that party in full.

If cancellation or termination occurs during the first 1142 2. 1143 60 90 days the insurance is in force and the insurance is 1144 canceled or terminated for reasons other than nonpayment of premium, at least 20 days' written notice of cancellation or 1145 1146 termination accompanied by the reason therefor must be given unless there has been a material misstatement or 1147 1148 misrepresentation or a failure to comply with the underwriting 1149 requirements established by the insurer.

1150

3. After the policy has been in effect for  $\underline{60}$   $\underline{90}$  days, the

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1151 policy may not be canceled by the insurer unless there has been 1152 a material misstatement; a nonpayment of premium; a failure to 1153 comply, within 60 90 days after the date of effectuation of coverage, with underwriting requirements established by the 1154 insurer before the date of effectuation of coverage; or a 1155 substantial change in the risk covered by the policy or unless 1156 1157 the cancellation is for all insureds under such policies for a 1158 given class of insureds. This subparagraph does not apply to 1159 individually rated risks that have a policy term of less than 90 1160 days.

1161 4. After a policy or contract has been in effect for more 1162 than <u>60</u> <del>90</del> days, the insurer may not cancel or terminate the 1163 policy or contract based on credit information available in 1164 public records.

5. A policy that is nonrenewed by Citizens Property 1165 1166 Insurance Corporation, pursuant to s. 627.351(6), for a policy that has been assumed by an authorized insurer offering 1167 1168 replacement coverage to the policyholder is exempt from the 1169 notice requirements of paragraph (a) and this paragraph. In such 1170 cases, the corporation must give the named insured written 1171 notice of nonrenewal at least 45 days before the effective date of the nonrenewal. 1172

1173 6. Notwithstanding any other provision of law, an insurer 1174 may cancel or nonrenew a property insurance policy after at 1175 least 45 days' notice if the office finds that the early

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1176 cancellation of some or all of the insurer's policies is 1177 necessary to protect the best interests of the public or 1178 policyholders and the office approves the insurer's plan for early cancellation or nonrenewal of some or all of its policies. 1179 The office may base such finding upon the financial condition of 1180 1181 the insurer, lack of adequate reinsurance coverage for hurricane 1182 risk, or other relevant factors. The office may condition its 1183 finding on the consent of the insurer to be placed under 1184 administrative supervision pursuant to s. 624.81 or to the appointment of a receiver under chapter 631. 1185 1186 7. A policy covering both a home and a motor vehicle may 1187 be nonrenewed for any reason applicable to the property or motor vehicle insurance after providing 90 days' notice. 1188 (c) Notwithstanding subparagraph (b), Citizens Property 1189 1190 Insurance Corporation in underwriting risks that, prior to the 1191 date of the application, were most recently insured by an 1192 insurer that has been placed in receivership under chapter 631, 1193 may immediately cancel a policy insuring such risk that has been 1194 in effect for 90 days or less for material misrepresentation or 1195 failure to comply with underwriting requirements established 1196 before the effectuation of coverage. 1197 Section 15. Effective January 1, 2024, section 627.4554, 1198 Florida Statutes, is amended to read: 1199 627.4554 Suitability in annuity transactions investments.-1200 PURPOSE.-The purpose of this section is to require (1)

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1201	agents to act in the best interest of the consumer when making a
1202	recommendation of an annuity and to require insurers to
1203	establish and maintain a system to supervise so <del>set forth</del>
1204	standards and procedures for making recommendations to consumers
1205	which result in transactions involving annuity products, and to
1206	establish a system for supervising such recommendations in order
1207	to ensure that the insurance needs and financial objectives of
1208	consumers are <u>effectively</u> <del>appropriately</del> addressed at the time of
1209	the transaction.
1210	(2) SCOPE.—This section applies to any <u>sale or</u>
1211	recommendation of made to a consumer to purchase, exchange, or
1212	replace an annuity by an insurer or its agent, and which results
1213	in the purchase, exchange, or replacement recommended.
1214	(3) DEFINITIONSAs used in this section, the term:
1215	(a) "Agent" means a person or entity required to be
1216	licensed under the laws of this state to sell, solicit, or
1217	negotiate insurance, including annuities. For purposes of this
1218	section, the term includes an insurer when no agent is involved
1219	has the same meaning as provided in s. 626.015.
1220	(b) "Annuity" means an insurance product under state law
1221	which is individually solicited, whether classified as an
1222	individual or group annuity.
1223	(c) "Cash compensation" means any discount, concession,
1224	fee, service fee, commission, sales charge, loan, override, or
1225	cash benefit received by an agent from an insurer or
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1226	intermediary or directly from the consumer in connection with
1227	the recommendation or sale of an annuity.
1228	(d) "Consumer profile information" means information that
1229	is reasonably appropriate to determine whether a recommendation
1230	addresses the consumer's financial situation, insurance needs,
1231	and financial objectives, including, at a minimum, the
1232	following:
1233	<u>1. Age.</u>
1234	2. Annual income.
1235	3. Financial situation and needs, including debts and
1236	other obligations.
1237	4. Financial experience.
1238	5. Insurance needs.
1239	6. Financial objectives.
1240	7. Intended use of the annuity.
1241	8. Financial time horizon.
1242	9. Existing assets or financial products, including
1243	investment, annuity, and insurance holdings.
1244	10. Liquidity needs.
1245	11. Liquid net worth.
1246	12. Risk tolerance, including, but not limited to,
1247	willingness to accept nonguaranteed elements in the annuity.
1248	13. Financial resources used to fund the annuity.
1249	14. Tax status.
1250	<u>(e)</u> "FINRA" means the Financial Industry Regulatory
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1251	Authority or a succeeding agency.
1252	<u>(f)</u> "Insurer" has the same meaning as provided in s.
1253	624.03.
1254	(g) "Intermediary" means an entity contracted directly
1255	with an insurer or with another entity contracted with an
1256	insurer to facilitate the sale of the insurer's annuities by
1257	agents.
1258	(h) "Material conflict of interest" means a financial
1259	interest of the agent in the sale of an annuity which a
1260	reasonable person would expect to influence the impartiality of
1261	a recommendation. The term does not include cash compensation or
1262	noncash compensation.
1263	(i) "Noncash compensation" means any form of compensation
1264	that is not cash compensation, including, but not limited to,
1265	health insurance, office rent, office support, and retirement
1266	benefits.
1267	(j) "Nonguaranteed elements" means the premiums; credited
1268	interest rates, including any bonus; benefits; values;
1269	dividends; noninterest-based credits; charges; or elements of
1270	formulas used to determine any of these, which are subject to
1271	company discretion and are not guaranteed at issue. An element
1272	is considered nonguaranteed if any of the underlying
1273	nonguaranteed elements are used in its calculation.
1274	(k)(e) "Recommendation" means advice provided by an
1275	insurer or its agent to an individual a consumer which was

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1276	intended to result or does result which would result in a the
1277	purchase, <u>an</u> exchange, or <u>a</u> replacement of an annuity in
1278	accordance with that advice. The term does not include general
1279	communication to the public, generalized customer services,
1280	assistance or administrative support, general educational
1281	information and tools, prospectuses, or other product and sales
1282	material.
1283	<u>(l)</u> "Replacement" means a transaction in which a new
1284	annuity policy or contract is to be purchased and it is known or
1285	should be known to the proposing <del>insurer or its</del> agent, or to the
1286	proposing insurer whether or not an agent is involved, that by
1287	reason of such transaction an existing annuity or other
1288	<u>insurance</u> policy <u>has been or is to be any of the following</u> <del>or</del>
1289	contract will be:
	1. Lapsed, forfeited, surrendered or partially
1290	1. hapsed, forfeited, suffendered of partially
1290 1291	surrendered, assigned to the replacing insurer, or otherwise
1291	surrendered, assigned to the replacing insurer, or otherwise
1291 1292	surrendered, assigned to the replacing insurer, or otherwise terminated;
1291 1292 1293	surrendered, assigned to the replacing insurer, or otherwise terminated; 2. Converted to reduced paid-up insurance, continued as
1291 1292 1293 1294	<pre>surrendered, assigned to the replacing insurer, or otherwise terminated; 2. Converted to reduced paid-up insurance, continued as extended term insurance, or otherwise reduced in value due to</pre>
1291 1292 1293 1294 1295	<pre>surrendered, assigned to the replacing insurer, or otherwise terminated; 2. Converted to reduced paid-up insurance, continued as extended term insurance, or otherwise reduced in value due to the use of nonforfeiture benefits or other policy values;</pre>
1291 1292 1293 1294 1295 1296	<pre>surrendered, assigned to the replacing insurer, or otherwise terminated; 2. Converted to reduced paid-up insurance, continued as extended term insurance, or otherwise reduced in value due to the use of nonforfeiture benefits or other policy values; 3. Amended so as to effect a reduction in benefits or the</pre>
1291 1292 1293 1294 1295 1296 1297	<pre>surrendered, assigned to the replacing insurer, or otherwise terminated; 2. Converted to reduced paid-up insurance, continued as extended term insurance, or otherwise reduced in value due to the use of nonforfeiture benefits or other policy values; 3. Amended so as to effect a reduction in benefits or the term for which coverage would otherwise remain in force or for</pre>
1291 1292 1293 1294 1295 1296 1297 1298	<pre>surrendered, assigned to the replacing insurer, or otherwise terminated; 2. Converted to reduced paid-up insurance, continued as extended term insurance, or otherwise reduced in value due to the use of nonforfeiture benefits or other policy values; 3. Amended so as to effect a reduction in benefits or the term for which coverage would otherwise remain in force or for which benefits would be paid;</pre>

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1301	(m) "SEC" means the United States Securities and Exchange
1302	Commission.
1303	(g) "Suitability information" means information related to
1304	the consumer which is reasonably appropriate to determine the
1305	suitability of a recommendation made to the consumer, including
1306	the following:
1307	1. Age;
1308	2. Annual income;
1309	3. Financial situation and needs, including the financial
1310	resources used for funding the annuity;
1311	4. Financial experience;
1312	5. Financial objectives;
1313	6. Intended use of the annuity;
1314	7. Financial time horizon;
1315	8. Existing assets, including investment and life
1316	insurance holdings;
1317	9. Liquidity needs;
1318	10. Liquid net worth;
1319	11. Risk tolerance; and
1320	12. Tax status.
1321	(4) EXEMPTIONSUnless otherwise specifically included,
1322	this section does not apply to transactions involving:
1323	(a) Direct-response solicitations where there is no
1324	recommendation based on information collected from the consumer
1325	pursuant to this section;

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1326	(b) Contracts used to fund:
1327	1. An employee pension or welfare benefit plan that is
1328	covered by the federal Employee Retirement and Income Security
1329	Act;
1330	2. A plan described by s. 401(a), s. 401(k), s. 403(b), s.
1331	408(k), or s. 408(p) of the Internal Revenue Code, if
1332	established or maintained by an employer;
1333	3. A government or church plan defined in s. 414 of the
1334	Internal Revenue Code, a government or church welfare benefit
1335	plan, or a deferred compensation plan of a state or local
1336	government or tax-exempt organization under s. 457 of the
1337	Internal Revenue Code; <u>or</u>
1338	4. A nonqualified deferred compensation arrangement
1339	established or maintained by an employer or plan sponsor;
1340	<u>(c)</u> 5. Settlements or assumptions of liabilities associated
1341	with personal injury litigation or a dispute or claim-resolution
1342	process; or
1343	(d) <del>6.</del> Formal prepaid funeral contracts.
1344	(5) DUTIES OF INSURERS AND AGENTS
1345	(a) An agent, when making a recommendation of an annuity,
1346	shall act in the best interest of the consumer under the
1347	circumstances known at the time the recommendation is made,
1348	without placing the financial interest of the agent or insurer
1349	ahead of the consumer's interest. An agent has acted in the best
1350	interest of the consumer if the agent has satisfied the

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1351	following obligations regarding care, disclosure, conflict of
1352	interest, and documentation:
1353	1.a. The agent, in making a recommendation, shall exercise
1354	reasonable diligence, care, and skill to:
1355	(I) Know the financial situation, insurance needs, and
1356	financial objectives of the customer.
1357	(II) Understand the available options after making a
1358	reasonable inquiry into options available to the agent.
1359	(III) Have a reasonable basis to believe the recommended
1360	option effectively addresses the consumer's financial situation,
1361	insurance needs, and financial objectives over the life of the
1362	product, as evaluated in light of the consumer profile
1363	information.
1364	(IV) Communicate the reason or reasons for the
1365	recommendation.
1366	b. The requirements of sub-subparagraph a. include:
1367	(I) Making reasonable efforts to obtain consumer profile
1368	information from the consumer before the recommendation of an
1369	annuity.
1370	(II) Requiring an agent to consider the types of products
1371	the agent is authorized and licensed to recommend or sell which
1372	address the consumer's financial situation, insurance needs, and
1373	financial objectives. This does not require analysis or
1374	consideration of any products outside the authority and license
1375	
1373	of the agent or other possible alternative products or

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1376	strategies available in the market at the time of the
1377	recommendation. Agents shall be held to standards applicable to
1378	agents with similar authority and licensure.
1379	(III) Having a reasonable basis to believe the consumer
1380	would benefit from certain features of the annuity, such as
1381	annuitization, death or living benefit, or other insurance-
1382	related features.
1383	c. The requirements of this subsection do not create a
1384	fiduciary obligation or relationship and only create a
1385	regulatory obligation as provided in this section.
1386	d. The consumer profile information, characteristics of
1387	the insurer, and product costs, rates, benefits, and features
1388	are those factors generally relevant in making a determination
1389	whether an annuity effectively addresses the consumer's
1390	financial situation, insurance needs, and financial objectives,
1391	but the level of importance of each factor under the care
1392	obligation of this paragraph may vary depending on the facts and
1393	circumstances of a particular case. However, each factor may not
1394	be considered in isolation.
1395	e. The requirements under sub-subparagraph a. apply to the
1396	particular annuity as a whole and the underlying subaccounts to
1397	which funds are allocated at the time of purchase or exchange of
1398	an annuity, and riders and similar product enhancements, if any.
1399	f. Sub-subparagraph a. does not require that the annuity
1400	with the lowest one-time occurrence compensation structure or
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1401	multiple occurrence compensation structure shall necessarily be
1402	recommended.
1403	g. Sub-subparagraph a. does not require the agent to have
1404	ongoing monitoring obligations under the care obligation,
1405	although such an obligation may be separately owed under the
1406	terms of a fiduciary, consulting, investment, advising, or
1407	financial planning agreement between the consumer and the agent.
1408	h. In the case of an exchange or replacement of an
1409	annuity, the agent shall consider the whole transaction, which
1410	includes taking into consideration whether:
1411	(I) The consumer will incur a surrender charge; be subject
1412	to the commencement of a new surrender period; lose existing
1413	benefits, such as death, living, or other contractual benefits;
1414	or be subject to increased fees, investment advisory fees, or
1415	charges for riders and similar product enhancements.
1416	(II) The replacing product would substantially benefit the
1417	consumer in comparison to the replaced product over the life of
1418	the product.
1419	(III) The consumer has had another annuity exchange or
1420	replacement and, in particular, an exchange or replacement
1421	within the preceding 60 months.
1422	i. This section does not require an agent to obtain any
1423	license other than an agent license with the appropriate line of
1424	authority to sell, solicit, or negotiate insurance in this
1425	state, including, but not limited to, any securities license, in

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1426	order to fulfill the duties and obligations contained in this
1427	section; provided, the agent does not give advice or provide
1428	services that are otherwise subject to securities laws or engage
1429	in any other activity requiring other professional licenses.
1430	2.a. Before the recommendation or sale of an annuity, the
1431	agent shall prominently disclose to the consumer, on a form
1432	substantially similar to that posted on the office website as
1433	Appendix A, related to an insurance agent disclosure for
1434	annuities:
1435	(I) A description of the scope and terms of the
1436	relationship with the consumer and the role of the agent in the
1437	transaction.
1438	(II) An affirmative statement on whether the agent is
1439	licensed and authorized to sell the following products:
1440	(A) Fixed annuities.
1441	(B) Fixed indexed annuities.
1442	(C) Variable annuities.
1443	(D) Life insurance.
1444	(E) Mutual funds.
1445	(F) Stocks and bonds.
1446	(G) Certificates of deposit.
1447	(III) An affirmative statement describing the insurers for
1448	which the agent is authorized, contracted, or appointed, or
1449	otherwise able to sell insurance products, using the following
1450	descriptions:

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1451	(A) From one insurer;
1452	(B) From two or more insurers; or
1453	(C) From two or more insurers, although primarily
1454	contracted with one insurer.
1455	(IV) A description of the sources and types of cash
1456	compensation and noncash compensation to be received by the
1457	agent, including whether the agent is to be compensated for the
1458	sale of a recommended annuity by commission as part of premium
1459	or other remuneration received from the insurer, intermediary,
1460	or other agent, or by fee as a result of a contract for advice
1461	or consulting services.
1462	(V) A notice of the consumer's right to request additional
1463	information regarding cash compensation described in sub-
1464	subparagraph b.
1465	b. Upon request of the consumer or the consumer's
1466	designated representative, the agent shall disclose:
1467	(I) A reasonable estimate of the amount of cash
1468	compensation to be received by the agent, which may be stated as
1469	a range of amounts or percentages.
1470	(II) Whether the cash compensation is a one-time or
1471	multiple occurrence amount; and if a multiple occurrence amount,
1472	the frequency and amount of the occurrence, which may be stated
1473	as a range of amounts or percentages. When recommending the
1474	purchase or exchange of an annuity to a consumer which results
1475	in an insurance transaction or series of insurance transactions,
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1476	the agent, or the insurer where no agent is involved, must have
1477	reasonable grounds for believing that the recommendation is
1478	suitable for the consumer, based on the consumer's suitability
1479	information, and that there is a reasonable basis to believe all
1480	of_the_following:
1481	c.1. Before or at the time of the recommendation or sale
1482	of an annuity, the agent shall have a reasonable basis to
1483	believe the consumer has been reasonably informed of various
1484	features of the annuity, such as the potential surrender period
1485	and surrender charge; potential tax penalty if the consumer
1486	sells, exchanges, surrenders, or annuitizes the annuity;
1487	mortality and expense fees; <u>any annual fees;</u> investment advisory
1488	fees; potential charges for and features of riders or other
1489	options of the annuity; limitations on interest returns;
1490	potential changes in nonguaranteed elements of the annuity;
1491	insurance and investment components; and market risk.
1492	2. The consumer would benefit from certain features of the
1493	annuity, such as tax-deferred growth, annuitization, or the
1494	death or living benefit.
1495	3. An agent shall identify and avoid or reasonably manage
1496	and disclose material conflicts of interest, including material
1497	conflicts of interest related to an ownership interest.
1498	4. An agent shall at the time of the recommendation or
1499	sale:
1500	a. Make a written record of any recommendation and the
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1501	basis for the recommendation, subject to this section.
1502	b. Obtain a consumer-signed statement on a form
1503	substantially similar to that posted on the office website as
1504	Appendix B, related to a consumer's refusal to provide
1505	information, documenting:
1506	(I) A customer's refusal to provide the consumer profile
1507	information, if any.
1508	(II) A customer's understanding of the ramifications of
1509	not providing his or her consumer profile information or
1510	providing insufficient consumer profile information.
1511	c. Obtain a consumer-signed statement on a form
1512	substantially similar to that posted on the office website as
1513	Appendix C, related to a consumer's decision to purchase an
1514	annuity not based on a recommendation, acknowledging the annuity
1515	transaction is not recommended if a customer decides to enter
1516	into an annuity transaction that is not based on the agent's
1517	recommendation.
1518	5. Any requirement applicable to an agent under this
1519	subsection applies to every agent who has exercised material
1520	control or influence in the making of a recommendation and has
1521	received direct compensation as a result of the recommendation
1522	or sale, regardless of whether the agent has had any direct
1523	contact with the consumer. Activities such as providing or
1524	delivering marketing or education materials, product wholesaling
1525	or other back office product support, and general supervision of

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1526	an agent do not, in and of themselves, constitute material
1527	control or influence.
1528	3. The particular annuity as a whole, the underlying
1529	subaccounts to which funds are allocated at the time of purchase
1530	or exchange of the annuity, and riders and similar product
1531	enhancements, if any, are suitable; and, in the case of an
1532	exchange or replacement, the transaction as a whole is suitable
1533	for the particular consumer based on his or her suitability
1534	information.
1535	4. In the case of an exchange or replacement of an
1536	annuity, the exchange or replacement is suitable after
1537	considering whether the consumer:
1538	a. Will incur a surrender charge; be subject to the
1539	commencement of a new surrender period; lose existing benefits,
1540	such as death, living, or other contractual benefits; or be
1541	subject to increased fees, investment advisory fees, or charges
1542	for riders and similar product enhancements;
1543	b. Would benefit from product enhancements and
1544	improvements; and
1545	$ ext{c. Has had another annuity exchange or replacement,}$
1546	including an exchange or replacement within the preceding 36
1547	months.
1548	(b) Before executing a purchase, exchange, or replacement
1549	of an annuity resulting from a recommendation, an insurer or its
1550	agent must make reasonable efforts to obtain the consumer's
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1551	suitability information. The information shall be collected on
1552	form DFS-H1-1980, which is hereby incorporated by reference, and
1553	completed and signed by the applicant and agent. Questions
1554	requesting this information must be presented in at least 12-
1555	point type and be sufficiently clear so as to be readily
1556	understandable by both the agent and the consumer. A true and
1557	correct executed copy of the form must be provided by the agent
1558	to the insurer, or to the person or entity that has contracted
1559	with the insurer to perform this function as authorized by this
1560	section, within 10 days after execution of the form, and shall
1561	be provided to the consumer no later than the date of delivery
1562	of the contract or contracts.
1563	(c) Except as provided under paragraph (d), an insurer may
1564	not issue an annuity recommended to a consumer unless there is a
1565	reasonable basis to believe the annuity is suitable based on the
1566	consumer's suitability information.

1567 (b)1. (d) Except as provided under subparagraph 2., An 1568 insurer's issuance of an annuity must be reasonable based on all 1569 actually known the <u>circumstances</u>  $\pm h \circ$ t ho +0 Insuror 1570 annuity is issued. However, an insurer or its agent does not 1571 have does not have an obligation to a consumer related to an 1572 annuity transaction under subparagraph (a)1. paragraph (a) or 1573 paragraph (c) if:

- 1574
- 1575

<u>a.1.</u> A recommendation has not been made; <u>b.2.</u> A recommendation was made and is later found to have

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1600	3. Obtain the consumer's signed statement acknowledging
1599	applicable; and
1598	or her refusal to provide suitability information, if
1597	2. Obtain the consumer's signed statement documenting his
1596	consumer pursuant to paragraph (a);
1595	1. Make a record of any recommendation made to the
1594	representative must:
1593	(e) At the time of sale, the agent or the agent's
1592	profile information.
1591	needs, and financial objectives based on the consumer's consumer
1590	address the particular consumer's financial situation, insurance
1589	is a reasonable basis to believe the annuity would effectively
1588	may not issue an annuity recommended to a consumer unless there
1587	(c)1. Except as permitted under paragraph (b), an insurer
1586	actually known to the insurer at the time the annuity is issued.
1585	subparagraph 1. must be reasonable under all the circumstances
1584	2. An insurer's issuance of an annuity subject to
1583	insurer or its agent.
1582	transaction that is not based on a recommendation of <u>the</u> an
1581	<u>d.</u> 4. A consumer decides to enter into an annuity
1580	not recommended; or
1579	profile suitability information and the annuity transaction is
1578	<u>c.</u> 3. A consumer refuses to provide relevant <u>consumer</u>
1577	consumer;
1576	been based on materially inaccurate information provided by the

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1601	that an annuity transaction is not recommended if he or she
1602	decides to enter into an annuity transaction that is not based
1603	on the insurer's or its agent's recommendation, if applicable.
1604	(f) Before executing a replacement or exchange of an
1605	annuity contract resulting from a recommendation, the agent must
1606	provide on form DFS-H1-1981, which is hereby incorporated by
1607	reference, information that compares the differences between the
1608	existing annuity contract and the annuity contract being
1609	recommended in order to determine the suitability of the
1610	recommendation and its benefit to the consumer. A true and
1611	correct executed copy of this form must be provided by the agent
1612	to the insurer, or to the person or entity that has contracted
1613	with the insurer to perform this function as authorized by this
1614	section, within 10 days after execution of the form, and must be
1615	provided to the consumer no later than the date of delivery of
1616	the contract or contracts.
1617	<u>2.(g)</u> An insurer shall establish <u>and maintain</u> a
1618	supervision system that is reasonably designed to achieve the
1619	insurer's and its agent's compliance with this section $\underline{,}$
1620	including, but not limited to, the following:-
1621	1. Such system must include, but is not limited to:
1622	a. The insurer shall establish and maintain Maintaining
1623	reasonable procedures to inform its agents of the requirements
1624	of this section and incorporating those requirements into
1625	relevant agent training manuals <u>.</u> +
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1626 The insurer shall establish and maintain Establishing b. 1627 standards for agent product training and shall establish and 1628 maintain reasonable procedures to require its agents to comply with the requirements of subsection (6).  $\div$ 1629 1630 The insurer shall provide Providing product-specific с. 1631 training and training materials that explain all material 1632 features of its annuity products to its agents.; The insurer shall establish and maintain Maintaining 1633 d. 1634 procedures for the review of each recommendation before issuance 1635 of an annuity which are designed to ensure that there is a reasonable basis to determine the recommended annuity would 1636 1637 effectively address the particular consumer's financial situation, insurance needs, and financial objectives for 1638 1639 determining that a recommendation is suitable. Such review 1640 procedures may use a screening system for identifying selected 1641 transactions for additional review and may be accomplished electronically or through other means, including, but not 1642 1643 limited to, physical review. Such electronic or other system may 1644 be designed to require additional review only of those 1645 transactions identified for additional review using established 1646 selection criteria.+ The insurer shall establish and maintain Maintaining 1647 е. 1648 reasonable procedures to detect recommendations that are not in 1649 compliance with paragraphs (a), (b), (d), and (e). This may

1650

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include, but is not limited to, suitable, such as confirmation

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1651	of consumer profile suitability information, systematic customer
1652	surveys, agent and consumer interviews, confirmation letters,
1653	agent statements or attestations, and internal monitoring
1654	programs. This sub-subparagraph does not prevent an insurer from
1655	using sampling procedures or from confirming the consumer
1656	profile suitability information after the issuance or delivery
1657	of the annuity <u>.;</u> and
1658	f. The insurer shall establish and maintain reasonable
1659	procedures to assess, prior to or upon issuance or delivery of
1660	an annuity, whether an agent has provided to the consumer the
1661	information required to be provided under this subsection.
1662	g. The insurer shall establish and maintain reasonable
1663	procedures to identify and address suspicious consumer refusals
1664	to provide consumer profile information.
1665	h. The insurer shall establish and maintain reasonable
1666	procedures to identify and eliminate any sales contests, sales
1667	quotas, bonuses, and noncash compensation that are based on the
1668	sales of specific annuities within a limited period of time. The
1669	requirements of this sub-subparagraph are not intended to
1670	prohibit the receipt of health insurance, office rents, office
1671	support, retirement benefits, or other employee benefits by
1672	employees, as long as those benefits are not based upon the
1673	volume of sales of a specific annuity within a limited period of
1674	time.
1675	<u>i.f.</u> The insurer shall annually provide providing a
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1676 <u>written</u> report to senior managers, including the senior manager 1677 who is responsible for audit functions, which details a review, 1678 along with appropriate testing, which is reasonably designed to 1679 determine the effectiveness of the supervision system, the 1680 exceptions found, and corrective action taken or recommended, if 1681 any.

1682 <u>3.2.</u> An insurer is not required to include in its 1683 supervision system:

1684<u>a.</u> Agent recommendations to consumers of products other1685than the annuities offered by the insurer; or

1686b. Consideration of or comparison to options available to1687the agent or compensation relating to those options other than1688annuities or other products offered by the insurer.

1689 <u>4.3.</u> An insurer may contract for performance of a 1690 function, including maintenance of procedures, required under 1691 subparagraph 1.

1692 An insurer's supervision system under this subsection a. 1693 shall include supervision of contractual performance under this 1694 subsection, which includes, but is If an insurer contracts for 1695 the performance of a function, the insurer must include the 1696 supervision of contractual performance as part of those 1697 procedures listed in subparagraph 1. These include, but are not 1698 limited to:

1699 (I) Monitoring and, as appropriate, conducting audits to 1700 ensure that the contracted function is properly performed; and

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1715

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(II) Annually obtaining a certification from a senior manager who has responsibility for the contracted function that the manager has a reasonable basis <u>to represent</u>, <u>and does</u> <u>represent</u>, <u>for representing</u> that the function is being properly performed.

b. An insurer is responsible for taking appropriate corrective action and may be subject to sanctions and penalties pursuant to subsection <u>(8)</u> <del>(7)</del> regardless of whether the insurer contracts for performance of a function and regardless of the insurer's compliance with sub-subparagraph a.

1711(d) (h)Neither an agent nor an insurer shall may not1712dissuade, or attempt to dissuade, a consumer from:

1713 1. Truthfully responding to an insurer's request for 1714 confirmation of <u>consumer profile</u> <del>suitability</del> information;

2. Filing a complaint; or

3. Cooperating with the investigation of a complaint.

(e)1.(i) Recommendations and sales made in compliance with 1717 1718 comparable standards shall FINRA requirements pertaining to the suitability and supervision of annuity transactions satisfy the 1719 1720 requirements of this section. This applies to all 1721 recommendations and FINRA broker-dealer sales of variable annuities made by financial professionals in compliance with 1722 1723 business rules, controls, and procedures that satisfy a 1724 comparable standard even if such standard would not otherwise apply to the product or recommendation at issue and fixed 1725

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1726	annuities if the suitability and supervision is similar to those
1727	applied to variable annuity sales. However, this paragraph does
1728	not limit the ability of the office or the department to
1729	investigate and enforce, including investigate, the provisions
1730	<del>of</del> this section.
1731	2. Subparagraph 1. does not limit the insurer's obligation
1732	to comply with subparagraph (c)1., although the insurer may base
1733	its analysis on information received from either the financial
1734	professional or the entity supervising the financial
1735	professional.
1736	3. For subparagraph 1. this paragraph to apply, an insurer
1737	must:
1738	a.1. Monitor relevant conduct of the financial
1739	professional seeking to rely on subparagraph 1. or the entity
1740	responsible for supervising the financial professional, such as
1741	the financial professional's broker-dealer or an investment
1742	adviser registered under federal or state securities law, the
1743	FINRA member broker-dealer using information collected in the
1744	normal course of an insurer's business; and
1745	<u>b.</u> 2. Provide to the <u>entity responsible for supervising the</u>
1746	financial professional seeking to rely on subparagraph 1., such
1747	as the financial professional's broker-dealer or investment
1748	adviser registered under federal or state securities laws, FINRA
1749	member broker-dealer information and reports that are reasonably
1750	appropriate to assist <u>such entity</u> <del>the FINRA member broker-dealer</del>

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1751	in maintaining its supervision system.
1752	4. For purposes of this paragraph, the term:
1753	a. "Comparable standards" means:
1754	(I) With respect to broker-dealers and registered
1755	representatives of broker-dealers, applicable SEC and FINRA
1756	rules pertaining to best interest obligations and supervision of
1757	annuity recommendations and sales, including, but not limited
1758	to, Regulation Best Interest, 17 C.F.R. s. 240.151-1, and any
1759	amendments or successor regulations thereto;
1760	(II) With respect to investment advisers registered under
1761	federal or state securities laws or investment adviser
1762	representatives, the fiduciary duties and all other requirements
1763	imposed on such investment advisers or investment adviser
1764	representatives by contract or under the Investment Advisers Act
1765	of 1940 or applicable state securities laws, including, but not
1766	limited to, Form ADV and interpretations; and
1767	(III) With respect to plan fiduciaries or fiduciaries, the
1768	duties, obligations, prohibitions, and all other requirements
1769	attendant to such status under the Employee Retirement Income
1770	Security Act of 1974 or the Internal Revenue Code and any
1771	amendments or successor statutes thereto.
1772	b. "Financial professional" means an agent that is
1773	regulated and acting as:
1774	(I) A broker-dealer registered under federal or state
1775	securities laws or a registered representative of a broker-

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1776	dealer;
1777	(II) An investment adviser registered under federal or
1778	state securities laws or an investment adviser representative
1779	associated with the federal or state registered investment
1780	adviser; or
1781	(III) A plan fiduciary under s. 3(21) of the Employee
1782	Retirement Income Security Act of 1974 or fiduciary under s.
1783	4975(e)(3) of the Internal Revenue Code or any amendments or
1784	successor statutes thereto.
1785	(6) AGENT TRAINING.—
1786	(a) An agent shall not solicit the sale of an annuity
1787	product unless the agent has adequate knowledge of the product
1788	to recommend the annuity and the agent is in compliance with the
1789	insurer's standards for product training. An agent may rely on
1790	insurer-provided, product-specific training standards and
1791	materials to comply with this subsection.
1792	(b)1.a. An agent who engages in the sale of annuity
1793	products shall complete a one-time 4-hour training course. This
1794	requirement is not part of an agent's continuing education
1795	requirement in s. 626.2815; however, if a course provider
1796	submits and receives approval from the department, the course is
1797	eligible for continuing education credit pursuant to s.
1798	<u>626.2815.</u>
1799	b. Agents who hold a life insurance line of authority on
1800	January 1, 2024, and who desire to sell annuities shall complete
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1801	the requirements of this subsection by July 1, 2024. Individuals
1802	who obtain a life insurance line of authority after January 1,
1803	2024, may not engage in the sale of annuities until the annuity
1804	training course required under this subsection has been
1805	completed.
1806	2. The minimum length of the training required under this
1807	subsection is 4 hours.
1808	3. The training required under this subsection shall
1809	include information on the following topics:
1810	a. The types of annuities and various classifications of
1811	annuities.
1812	b. Identification of the parties to an annuity.
1813	c. How product-specific annuity contract features affect
1814	consumers.
1815	d. The application of income taxation of qualified and
1816	nonqualified annuities.
1817	e. The primary uses of annuities.
1818	f. The appropriate standard of conduct, sales practices,
1819	replacement, and disclosure requirements.
1820	4. Providers of courses intended to comply with this
1821	subsection shall cover all topics listed in the prescribed
1822	outline and shall not present any marketing information or
1823	provide training on sales techniques or provide specific
1824	information about a particular insurer's products. Additional
1825	topics may be offered in conjunction with and in addition to the

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1826	required outline.
1827	5. An agent who has completed an annuity training course
1828	before January 1, 2024, shall, by July 1, 2024, complete either:
1829	a. A new 4-hour training course; or
1830	b. An additional 1-hour training course on appropriate
1831	sales practices, replacement, and disclosure requirements under
1832	this section.
1833	6. Annuity training courses may be conducted and completed
1834	by classroom or self-study methods.
1835	7. Providers of annuity training shall issue certificates
1836	of completion.
1837	8. The satisfaction of the training requirements of
1838	another state that are substantially similar to the provisions
1839	of this subsection shall be deemed to satisfy the training
1840	requirements of this subsection in this state.
1841	9. The satisfaction of the training requirements of any
1842	course or courses with components substantially similar to the
1843	provisions of this subsection shall be deemed to satisfy the
1844	training requirements of this subsection in this state.
1845	10. An insurer shall verify that an agent has completed
1846	the annuity training course required under this subsection
1847	before allowing the agent to sell an annuity product for that
1848	insurer.
1849	(7)(6) RECORDKEEPING
1850	(a) Insurers and agents must maintain or be able to make
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available to the office or department records of the information collected from the consumer and other information used in making the recommendations that were the basis for insurance transactions for 5 years after the insurance transaction is completed by the insurer. An insurer may maintain the documentation on behalf of its agent.

(b) Records required to be maintained under this
subsection may be maintained in paper, photographic,
microprocess, magnetic, mechanical, or electronic media, or by
any process that accurately reproduces the actual document.

1861

(8) (7) COMPLIANCE MITIGATION; PENALTIES.-

(a) An insurer is responsible for compliance with this
section. If a violation occurs because of the action or inaction
of the insurer or its agent which results in harm to a consumer,
the office may order the insurer to take reasonably appropriate
corrective action for the consumer and may impose appropriate
penalties and sanctions.

1868

(b) The department may order:

1869 1. An insurance agent to take reasonably appropriate 1870 corrective action for a consumer harmed by a violation of this 1871 section by the insurance agent, including monetary restitution 1872 of penalties or fees incurred by the consumer, and impose 1873 appropriate penalties and sanctions.

18742. A managing general agency or insurance agency that1875employs or contracts with an insurance agent to sell or solicit

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1876 the sale of annuities to consumers to take reasonably 1877 appropriate corrective action for a consumer harmed by a 1878 violation of this section by the <u>insurance</u> agent.

1879 (C) In addition to any other penalty authorized under chapter 626, the department shall order an insurance agent to 1880 1881 pay restitution to a consumer who has been deprived of money by 1882 the agent's misappropriation, conversion, or unlawful 1883 withholding of moneys belonging to the consumer in the course of 1884 a transaction involving annuities. The amount of restitution required to be paid may not exceed the amount misappropriated, 1885 1886 converted, or unlawfully withheld. This paragraph does not limit 1887 or restrict a person's right to seek other remedies as provided 1888 by law.

(d) Any applicable penalty under the Florida Insurance Code for a violation of this section shall be reduced or eliminated according to a schedule adopted by the office or the department, as appropriate, if corrective action for the consumer was taken promptly after a violation was discovered.

(e) A violation of this section does not create or imply aprivate cause of action.

1896 (9) (8) PROHIBITED CHARGES.—An annuity contract issued to a 1897 senior consumer age 65 or older may not contain a surrender or 1898 deferred sales charge for a withdrawal of money from an annuity 1899 exceeding 10 percent of the amount withdrawn. The charge shall 1900 be reduced so that no surrender or deferred sales charge exists

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after the end of the 10th policy year or 10 years after the date of each premium payment if multiple premiums are paid, whichever is later. This subsection does not apply to annuities purchased by an accredited investor, as defined in Regulation D as adopted by the United States Securities and Exchange Commission, or to those annuities specified in paragraph (4)(b).

1907 (10) (9) RULES.-The department and the commission may adopt 1908 rules to administer this section. The department may adopt by 1909 rule the forms prescribed in the National Association of 1910 Insurance Commissioners Suitability in Annuity Transactions Model Regulation Appendix A - Insurance Agent (Producer) 1911 Disclosure for Annuities, Appendix B - Consumer Refusal to 1912 Provide Information, and Appendix C - Consumer Decision to 1913 1914 Purchase an Annuity Not Based on a Recommendation.

1915

1916Section 16. Paragraph (b) of subsection (8) of section1917634.041, Florida Statutes, is amended to read:

1918 634.041 Qualifications for license.—To qualify for and 1919 hold a license to issue service agreements in this state, a 1920 service agreement company must be in compliance with this part, 1921 with applicable rules of the commission, with related sections 1922 of the Florida Insurance Code, and with its charter powers and 1923 must comply with the following:

1924 (8)

1925

(b) A service agreement company does not have to establish

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1926 and maintain an unearned premium reserve if it secures and 1927 maintains contractual liability insurance in accordance with the 1928 following:

1929 1. Coverage of 100 percent of the claim exposure is 1930 obtained from an insurer approved by the office, which holds a 1931 certificate of authority under s. 624.401 to do business within 1932 this state, or secured through a risk retention group, which is 1933 authorized to do business within this state under s. 627.943 or 1934 s. 627.944. Such insurer or risk retention group must maintain a 1935 surplus as regards policyholders of at least \$15 million.

1936 2. If the service agreement company does not meet its 1937 contractual obligations, the contractual liability insurance 1938 policy binds its issuer to pay or cause to be paid to the 1939 service agreement holder all legitimate claims and cancellation 1940 refunds for all service agreements issued by the service 1941 agreement company while the policy was in effect. This requirement also applies to those service agreements for which 1942 1943 no premium has been remitted to the insurer.

3. If the issuer of the contractual liability policy is fulfilling the service agreements covered by the contractual liability policy and the service agreement holder cancels the service agreement, the issuer must make a full refund of unearned premium to the consumer, subject to the cancellation fee provisions of s. 634.121(3). The sales representative and agent must refund to the contractual liability policy issuer

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1951 their unearned pro rata commission.

1952 4. The policy may not be canceled, terminated, or 1953 nonrenewed by the insurer or the service agreement company 1954 unless a 90-day written notice thereof has been given to the 1955 office by the insurer before the date of the cancellation, 1956 termination, or nonrenewal.

1957 5. The service agreement company must provide the office1958 with the claims statistics.

1959 <u>6. A policy issued in compliance with this paragraph may</u>
 1960 <u>either pay 100 percent of claims as they are incurred, or 100</u>
 1961 <u>percent of claims due in the event of the failure of the service</u>
 1962 agreement company to pay such claims when due.

1964 All funds or premiums remitted to an insurer by a motor vehicle 1965 service agreement company under this part shall remain in the 1966 care, custody, and control of the insurer and shall be counted 1967 as an asset of the insurer; provided, however, this requirement 1968 does not apply when the insurer and the motor vehicle service 1969 agreement company are affiliated companies and members of an 1970 insurance holding company system. If the motor vehicle service 1971 agreement company chooses to comply with this paragraph but also 1972 maintains a reserve to pay claims, such reserve shall only be 1973 considered an asset of the covered motor vehicle service 1974 agreement company and may not be simultaneously counted as an 1975 asset of any other entity.

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1976	Section 17. Paragraphs (d), (e), and (f) of subsection
1977	(17) of section 634.401, Florida Statutes, are amended to read:
1978	634.401 DefinitionsAs used in this part, the term:
1979	(17) "Manufacturer" means any entity or its affiliate
1980	which:
1981	(d) Maintains outstanding debt obligations, if any, rated
1982	in the top four rating categories by a recognized rating
1983	service;
1984	<u>(d)</u> Has and maintains at all times, a minimum net worth
1985	of at least $\$100$ $\$10$ million as evidenced by certified financial
1986	statements prepared by an independent certified public
1987	accountant in accordance with generally accepted accounting
1988	principles; and
1989	<u>(e)</u> Is authorized to do business in this state.
1990	Section 18. Paragraph (a) of subsection (7) of section
1991	634.406, Florida Statutes, is amended to read:
1992	634.406 Financial requirements
1993	(7) An association licensed under this part and holding no
1994	other license under part I or part II of this chapter is not
1995	required to establish an unearned premium reserve or maintain
1996	contractual liability insurance and may allow its premiums to
1997	exceed the ratio to net assets limitation of this section if the
1998	association complies with the following:
1999	(a) The association or, if the association is a direct or
2000	indirect wholly owned subsidiary of a parent corporation, its

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2001 parent corporation has, and maintains at all times, a minimum 2002 net worth of at least \$100 million and provides the office with 2003 the following:

2004 1. A copy of the association's annual audited financial 2005 statements or the audited consolidated financial statements of 2006 the association's parent corporation, prepared by an independent 2007 certified public accountant in accordance with generally 2008 accepted accounting principles, which clearly demonstrate the 2009 net worth of the association or its parent corporation to be 2010 \$100 million and a quarterly written certification to the office 2011 that such entity continues to maintain the net worth required 2012 under this paragraph.

The association's, or its parent corporation's, Form 2013 2. 2014 10-K, Form 10-Q, or Form 20-F as filed with the United States 2015 Securities and Exchange Commission or such other documents 2016 required to be filed with a recognized stock exchange, which 2017 shall be provided on a quarterly and annual basis within 10 days 2018 after the last date each such report must be filed with the 2019 Securities and Exchange Commission, the National Association of 2020 Security Dealers Automated Quotation system, or other recognized 2021 stock exchange.

2022

Failure to timely file the documents required under this paragraph may, at the discretion of the office, subject the association to suspension or revocation of its license under

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2026	this part. An association or parent corporation demonstrating
2027	compliance with subparagraphs 1. and 2. must maintain
2028	outstanding debt obligations, if any, rated in the top four
2029	rating categories by a recognized rating service.
2030	Section 19. Except as otherwise expressly provided in this
2031	act, this act shall take effect July 1, 2023.

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