By Senator Leek

	7-00638B-25 20251508
1	A bill to be entitled
2	An act relating to property insurance claims; amending
3	s. 627.7015, F.S.; establishing a mandatory procedure
4	for resolution of disputed insurance claims; deleting
5	the alternative procedure for resolution of disputed
6	insurance claims; providing legislative intent and
7	purpose; requiring certain entities to administer a
8	specified law in a certain manner; requiring insurers,
9	at specified times, to notify policyholders of the
10	mandatory procedure; requiring the Department of
11	Financial Services to prepare a consumer information
12	pamphlet to be provided to policyholders at a
13	specified time; authorizing a policyholder to file
14	with the Division of Administrative Hearings a
15	petition to resolve claims; specifying requirements
16	for the filing and service of such petition; requiring
17	the administrative law judge to review the petition
18	and dismiss certain petitions; requiring that the
19	petition include a certain certification; specifying
20	that a dismissal of the petition or a portion of the
21	petition is without prejudice and does not require a
22	hearing; requiring the insurer to pay the requested
23	claim or file a response to the petition in a
24	specified timeframe; specifying filing and content
25	requirements for the petition; requiring the
26	administrative law judge to conduct proceedings in a
27	specified manner; providing an exception; requiring
28	the administrative law judge to make a final
29	determination of total coverage within a specified

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 timeframe; revising the definition of the term "claim"; repealing ss. 627.70151, 627.70152, 627.70153, and 627.70154, F.S., relating to appraisal clauses in property insurance contracts, suits arising under a property insurance policy, consolidation of residential property insurance actions, and mandatory binding arbitration of property insurance policies, respectively; creating s. 627.7156, F.S.; specifying that the homeowner's insurance policy insurer is the primary insurer under certain circumstances; requiring such insurer to pay the insured's loss according to specified terms; providing such insurer with the right to seek subrogation; amending ss. 627.351, 627.70131, and 627.7074, F.S.; conforming provisions to changes made by the act; providing an effective date. 8 8 8 8 9 9 10 11 12 13 14 14 15 16 16 16 17 17 16 17 17 17 18 18 10 10 10 10 10 10 11 11 12 12 13 14 14 15 16 16 16 17 17 16 17 17 18 18 19 10 10 10 10 10 10 10 10 11 11 12 12 12 13 14 14 15 16 16 17 17 17 18 18 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10 10 11 10 11 10 11 10 12 10 11 10 12 10 10 11 10 12 13 14 14 14 16 16 16<		7-00638B-25 20251508_
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58 parties who elect this procedure to resolve their claims	58	parties who elect this procedure to resolve their claims

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7-00638B-25 20251508 59 disputes regarding because most homeowner and commercial 60 residential insurance policies obligate policyholders to participate in a potentially expensive and time-consuming 61 adversarial appraisal process before litigation. The procedure 62 63 set forth in this section is designed to bring the parties together to ensure the efficient delivery of the coverage 64 65 offered under the policy, helping to restore an owner's property and livelihood to normalcy after a disaster or loss, while 66 67 maintaining reasonable costs to the insurer for a mediated claims settlement conference without any of the trappings or 68 69 drawbacks of an adversarial process. Before participating in 70 resorting to these procedures, policyholders and insurers are 71 encouraged to resolve claims as quickly and fairly as possible. The department, the office, and the Division of Administrative 72 73 Hearings shall administer this section in a manner that 74 facilitates the self-execution of the system and the process of ensuring a prompt and cost-effective delivery of payments to 75 insureds This section is available with respect to claims under 76 77 personal lines and commercial residential policies before 78 commencing the appraisal process , or before commencing 79 litigation. Mediation may be requested only by the policyholder, 80 as a first-party claimant, a third-party, as an assignce of the 81 policy benefits, or the insurer. However, an insurer is not 82 required to participate in any mediation requested by a third-83 party assignce of the policy benefits. If requested by the policyholder, Participation by legal counsel is permitted but is 84 85 not required. Expert testimony may be used in the procedure, regardless of whether legal counsel is participating. Mediation 86 87 under this section is also available to litigants referred to

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7-00638B-25 20251508 88 the department by a county court or circuit court. This section 89 does not apply to commercial coverages, to private passenger motor vehicle insurance coverages, or to disputes relating to 90 91 liability coverages in policies of property insurance. 92 (2) At the time of issuance and renewal of a policy or at the time a first-party claim within the scope of this section is 93 94 filed by the policyholder, the insurer shall notify the policyholder of the mandatory procedure its right to participate 95 in the mediation program under this section. A claim becomes 96 97 eligible for mediation after the insurer complies with s. 98 627.70131(7) or elects to reinspect pursuant to s. 99 627.70152(4)(a)3. If the insurer has not complied with s. 100 627.70131(7) or elected to reinspect pursuant to s. 101 627.70152(4)(a)3. within 90 days after notice of the loss, the 102 insurer may not require mediation under this section. This 103 subsection does not impair the right of an insurance company to request mediation after a determination of coverage pursuant to 104 105 this section or require appraisal or another method of 106 alternative dispute resolution pursuant to s. 627.70152(4)(b). 107 The department shall prepare a consumer information pamphlet for 108 distribution to be provided to policyholders at the time of 109 issuance and renewal of the policy and upon the Governor's 110 declaration of a state of emergency within the policyholder's 111 county persons participating in mediation. 112 (3) Any policyholder may, for any claim that is ripe, due, 113 and owing, file with the Division of Administrative Hearings a 114 petition to resolve claims which meets the requirements of this section. A policyholder represented by an attorney shall file by 115 116 electronic means. A policyholder not represented by an attorney

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7-00638B-25 20251508 117 may file by certified mail or by electronic means. The department shall inform policyholders of the location of the 118 119 Division of Administrative Hearings and the division's website 120 address for purposes of filing a petition for resolving a claim. 121 The policyholder shall also serve copies of the petition to 122 resolve claims by certified mail, or by electronic means, upon 123 the insurer. The costs of the procedure mediation must be 124 reasonable, and the insurer must bear all of the cost of 125 conducting mediation conferences, except as otherwise provided 126 in this section. If a policyholder fails to appear at the 127 conference, the conference must be rescheduled upon the 128 policyholder's payment of the costs of a rescheduled conference. 129 If the insurer fails to appear at the conference, the insurer 130 must pay the policyholder's actual cash expenses incurred in 131 attending the conference if the insurer's failure to attend was 132 not due to a good cause acceptable to the department. An insurer 133 will be deemed to have failed to appear if the insurer's 134 representative lacks authority to settle the full value of the 135 claim. The insurer shall incur an additional fee for a 136 rescheduled conference necessitated by the insurer's failure to 137 appear at a scheduled conference. The fees assessed by the 138 department must include a charge necessary to defray the 139 expenses of the department related to its duties under this 140 section and must be deposited in the Insurance Regulatory Trust 141 Fund. The department may suspend the insurer's authority to 142 appoint licensees if the insurer does not timely pay the 143 required fees. 144 (4) Upon receipt of the petition, the administrative law

145 judge shall review it and shall dismiss any petition or any

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146	portion of such a petition which does not on its face
147	specifically identify or itemize all of the following
148	information:
149	(a) The policyholder's name, address, telephone number, and
150	social security number.
151	(b) The insurer's name, address, and telephone number.
152	(c) A detailed description of the loss or damage, including
153	the date it occurred.
154	(d) The alleged acts or omissions of the insurer giving
155	rise to the dispute, including, if applicable, a denial of
156	coverage.
157	(e) An estimate of damages, if known, and the amount that
158	is disputed by the insurer.
159	(f) A specific explanation of any other disputed issue that
160	the administrative law judge will be called to rule upon The
161	department shall adopt by rule a property insurance mediation
162	program to be administered by the department or its designee.
163	The department may also adopt special rules which are applicable
164	in cases of an emergency within the state. The rules shall be
165	modeled after practices and procedures set forth in mediation
166	rules of procedure adopted by the Supreme Court. The rules shall
167	provide for:
168	(a) Reasonable requirement for processing and scheduling of
169	requests for mediation.
170	(b) Qualifications , denial of application, suspension ,
171	revocation of approval, and other penalties for mediators as
172	provided in s. 627.745 and the Florida Rules for Certified and
173	Court-Appointed Mediators.
174	(c) Provisions governing who may attend mediation
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175	conferences.
176	(d) Selection of mediators.
177	(e) Criteria for the conduct of mediation conferences.
178	(f) Right to legal counsel.
179	(5) The petition must include a certification by the
180	policyholder or, if the policyholder is represented by counsel,
181	the policyholder's attorney, stating that the policyholder, or
182	attorney if the policyholder is represented by counsel, has made
183	a good faith effort to resolve the dispute and that the
184	policyholder or attorney was unable to resolve the dispute with
185	the insurer All statements made and documents produced at a
186	mediation conference shall be deemed to be settlement
187	negotiations in anticipation of litigation within the scope of
188	s. 90.408. All parties to the mediation must negotiate in good
189	faith and must have the authority to immediately settle the
190	claim. Mediators are deemed to be agents of the department and
191	shall have the immunity from suit provided in s. 44.107.
192	(6) (a) The dismissal of any petition or portion of such a
193	petition under this section is without prejudice and does not
194	require a hearing Mediation is nonbinding; however, if a written
195	settlement is reached, the policyholder has 3 business days
196	within which the policyholder may rescind the settlement unless
197	the policyholder has cashed or deposited any check or draft
198	disbursed to the policyholder for the disputed matters as a
199	result of the conference. If a settlement agreement is reached
200	and is not rescinded, it is binding and acts as a release of all
201	specific claims that were presented in that mediation
202	conference.
203	(b) At the conclusion of the mediation, the mediator shall

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7-00638B-25 20251508 204 provide a written report of the results of mediation, including 205 any settlement amount, to the insurer, the policyholder, and the 206 policyholder's representative if the policyholder is represented 207 at the mediation. 208 (7) All motions to dismiss must be handled as specified in 209 s. 440.192(5) If the insurer fails to comply with subsection (2) 210 by failing to notify a policyholder of its right to participate 211 in the mediation program under this section or if the insurer requests the mediation, and the mediation results are rejected 212 213 by either party, the policyholder is not required to submit to 214 or participate in any contractual loss appraisal process of the 215 property loss damage as a precondition to legal action for 216 breach of contract against the insurer for its failure to pay 217 the policyholder's claims covered by the policy. 218 (8) Within 14 days after receipt of a petition to resolve 219 claims by certified mail or by electronic means, the insurer 220 must pay the requested claim or file a response to the petition 221 with the Division of Administrative Hearings. If the insurer 222 files a response to the petition, the response must be filed by 223 electronic means. Such response must specify all claims 224 requested but not paid and explain the insurer's reason for 225 nonpayment. The insurer shall provide copies of the response to 226 the policyholder by certified mail or by electronic means. In 227 ruling on the petition and response to the petition, the 228 administrative law judge shall conduct proceedings in a manner 229 consistent with the process outlined in s. 440.25, except that 230 the administrative law judge shall make a determination within 231 60 days after the filing of the petition of the policyholder's coverage under the insurance policy. After determining coverage, 232

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233	the administrative law judge shall make a final determination of
234	the total coverage amount within 180 days after the filing of
235	the petition, which must be paid to the policyholder or held in
236	escrow on the policyholder's behalf until exhausted for covered
237	claims The department may designate an entity or person to serve
238	as administrator to carry out any of the provisions of this
239	section and may take this action by means of a written contract
240	or agreement.
241	(9) For purposes of this section, the term "claim" refers
242	to any dispute between an insurer and a policyholder relating to
243	a material issue of fact other than a dispute:
244	(a) With respect to which the insurer has a reasonable
245	basis to suspect fraud;
246	(b) When the insurer has determined , based on agreed-upon
247	facts as to the cause of loss, there is no coverage under the
248	policy;
249	(c) With respect to which the insurer has a reasonable
250	basis to believe that the policyholder has intentionally made a
251	material misrepresentation of fact which is relevant to the
252	claim, and the entire request for payment of a loss has been
253	denied on the basis of the material misrepresentation;
254	(d) With respect to which the amount in controversy is less
255	than \$500, unless the parties agree to mediate a dispute
256	involving a lesser amount; or
257	(e) With respect to a loss that does not comply with s.
258	627.70132.
259	Section 2. <u>Section 627.70151, Florida Statutes, is</u>
260	repealed.
261	Section 3. Section 627.70152, Florida Statutes, is
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262	repealed.
263	Section 4. Section 627.70153, Florida Statutes, is
264	repealed.
265	Section 5. Section 627.70154, Florida Statutes, is
266	repealed.
267	Section 6. Section 627.70156, Florida Statutes, is created
268	to read:
269	627.70156 Coordination of payment of claimsIf a claim is
270	submitted under a homeowner's insurance policy and the insured
271	also has a separate windstorm or flood insurance policy, the
272	homeowner's insurer is the primary insurer. Such insurer must
273	pay the insured's loss according to the terms of the homeowner's
274	insurance policy and has the right to seek subrogation from the
275	windstorm or flood insurer.
276	Section 7. Paragraph (ll) of subsection (6) of section
277	627.351, Florida Statutes, is amended to read:
278	627.351 Insurance risk apportionment plans
279	(6) CITIZENS PROPERTY INSURANCE CORPORATION
280	(ll)1. In addition to any other method of alternative
281	dispute resolution authorized by state law, the corporation may
282	adopt policy forms that provide for the resolution of disputes
283	regarding its claim determinations, including disputes regarding
284	coverage for, or the scope and value of, a claim, in a
285	proceeding before the Division of Administrative Hearings. Any
286	such policies are not subject to s. 627.70154. All proceedings
287	in the Division of Administrative Hearings pursuant to such
288	policies are subject to ss. 57.105 and 768.79 as if filed in the
289	courts of this state and are not considered chapter 120
290	administrative proceedings. Rule 1.442, Florida Rules of Civil

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7-00638B-25 20251508 291 Procedure, applies to any offer served pursuant to s. 768.79, 292 except that, notwithstanding any provision in Rule 1.442, 293 Florida Rules of Civil Procedure, to the contrary, an offer 294 shall not be served earlier than 10 days after filing the 295 request for hearing with the Division of Administrative Hearings 296 and shall not be served later than 10 days before the date set 297 for the final hearing. The administrative law judge in such 298 proceedings shall award attorney fees and other relief pursuant 299 to ss. 57.105 and 768.79. The corporation may not seek, and the office may not approve, a maximum hourly rate for attorney fees. 300 301 2. The corporation may contract with the division to 302 conduct proceedings to resolve disputes regarding its claim 303 determinations as may be provided for in the applicable policies 304 of insurance. This subparagraph expires July 1, 2025. 305 Section 8. Paragraph (a) of subsection (8) of section 306 627.70131, Florida Statutes, is amended to read: 307 627.70131 Insurer's duty to acknowledge communications 308 regarding claims; investigation.-309 The requirements of this section are tolled: (8) 310 (a) During the pendency of any mediation proceeding under 311 s. 627.7015 or any alternative dispute resolution proceeding 312 provided for in the insurance contract. The tolling period ends upon the end of the proceeding mediation or alternative dispute 313 314 resolution proceeding. 315 Section 9. Subsection (3) of section 627.7074, Florida 316 Statutes, is amended to read: 317 627.7074 Alternative procedure for resolution of disputed sinkhole insurance claims.-318 319 (3) If there is coverage available under the policy and the

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320	claim was submitted within the timeframe provided in s.
321	627.706(5), following the receipt of the report provided under
322	s. 627.7073 or the denial of a claim for a sinkhole loss, the
323	insurer shall notify the policyholder of his or her right to
324	participate in the neutral evaluation program under this
325	section. Neutral evaluation supersedes the alternative dispute
326	resolution process under s. 627.7015 but does not invalidate the
327	appraisal clause of the insurance policy. The insurer shall
328	provide to the policyholder the consumer information pamphlet
329	prepared by the department pursuant to subsection (1)
330	electronically or by United States mail.
331	Section 10. This act shall take effect July 1, 2025.