1 A bill to be entitled 2 An act relating to insurers' liabilities and 3 responsibilities; amending s. 626.926, F.S.; requiring 4 surplus lines insurers to comply with valued policy 5 law under certain circumstances; creating s. 627.4263, 6 F.S.; defining the term "qualified human 7 professional"; requiring insurers' decisions to deny 8 claims to be reviewed, approved, and signed off by 9 qualified human professionals; prohibiting artificial intelligence, machine learning algorithms, and 10 11 automated systems from serving as the basis for 12 denying claims; requiring insurers to maintain certain records of the human review process for denied claims; 13 14 requiring insurers to include certain information in 15 denial communications to claimants; providing 16 reporting requirements; authorizing the Office of Insurance Regulation to audit claim denials; amending 17 s. 627.702, F.S.; defining the term "insurer" to 18 include surplus lines insurers for the purpose of 19 20 valued policy law; amending ss. 627.7011 and 627.7142, F.S.; conforming cross-references; providing an 21 22 effective date. 23 24 Be It Enacted by the Legislature of the State of Florida:

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

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6.6	Section 1. Subsection (2) of section 626.926, Florida
27	Statutes, is renumbered as subsection (3), and a new subsection
28	(2) is added to that section, to read:
29	626.926 Liability of insurer as to losses and unearned
30	premiums <u>; valued policy law</u> .—
31	(2) Each unauthorized insurer assuming a surplus lines
32	direct risk under this Surplus Lines Law and issuing property or
3	casualty insurance coverage shall comply with the valued policy
34	law, as applicable, under s. 627.702.
35	Section 2. Section 627.4263, Florida Statutes, is created
36	to read:
37	627.4263 Mandatory human reviews of claim denials.
88	(1) As used in this section, the term "qualified human
39	professional" includes, but is not limited to, a supervisor, a
10	claims manager, or a licensed claims adjuster having authority
1	over a claim.
12	(2)(a) An insurer's decision to deny a claim must be
13	reviewed, approved, and signed off by a qualified human
4	professional.
15	(b) Artificial intelligence, a machine learning algorithm,
6	or an automated system must not serve as the basis for
7	determining whether to deny a claim.
8	(3) An insurer shall maintain detailed records of the
9	human review process described in paragraph (2)(a) for all
0	denied claims, including:

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51	(a) The name and title of the qualified human professional										
52	who reviewed the denial decision.										
53	(b) The date and time of the review by the qualified human										
54	professional.										
55	(c) Documentation of the basis for the denial, including										
56	any supplemental information provided by automated tools.										
57	(4) In each denial communication to a claimant, an insurer										
58	shall:										
59	(a) Clearly identify the qualified human professional who										
60	reviewed the denial decision.										
61	(b) Include a statement affirming that artificial										
62	intelligence, a machine learning algorithm, or an automated										
63	system did not serve as the basis for determining whether to										
64	deny the claim.										
65	(5) An insurer shall submit periodic compliance reports to										
66	the office detailing the steps taken to comply with this										
67	section.										
68	(6) The office may audit claim denials to verify										
69	compliance with this section.										
70	Section 3. Section 627.702, Florida Statutes, is amended										
71	to read:										
72	627.702 Valued policy law.—										
73	(1) Beginning July 1, 2025, as used in this section, the										
74	term "insurer" includes an unauthorized insurer assuming a										
75	surplus lines direct risk under the Surplus Lines Law, ss.										

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626.913-626.937, and issuing property or casualty insurance coverage.

- (2) (a) (1) (a) In the event of the total loss of any building, structure, mobile home as defined in s. 320.01(2), or manufactured building as defined in s. 553.36(13), located in this state and insured by any insurer as to a covered peril, in the absence of any change increasing the risk without the insurer's consent and in the absence of fraudulent or criminal fault on the part of the insured or one acting in her or his behalf, the insurer's liability under the policy for such total loss, if caused by a covered peril, shall be in the amount of money for which such property was so insured as specified in the policy and for which a premium has been charged and paid.
- (b) The intent of this subsection is not to deprive an insurer of any proper defense under the policy, to create new or additional coverage under the policy, or to require an insurer to pay for a loss caused by a peril other than the covered peril. In furtherance of such legislative intent, when a loss was caused in part by a covered peril and in part by a noncovered peril, paragraph (a) does not apply. In such circumstances, the insurer's liability under this section shall be limited to the amount of the loss caused by the covered peril. However, if the covered perils alone would have caused the total loss, paragraph (a) shall apply. The insurer is never liable for more than the amount necessary to repair, rebuild, or

replace the structure following the total loss, after considering all other benefits actually paid for the total loss.

- (c) It is the intent of the Legislature that the amendment to this section shall not be applied retroactively and shall apply only to claims filed after the effective date of such amendment.
- (3)(2) In the case of a partial loss by fire or lightning of any such property, the insurer's liability, if any, under the policy shall be for the actual amount of such loss but may shall not exceed the amount of insurance specified in the policy as to such property and such peril.
- (4) (3) The provisions of Subsections (2) and (3) (1) and (2) do not apply when:
- (a) Insurance policies are issued or renewed by more than one company insuring the same building, structure, mobile home, or manufactured building, and the existence of such additional insurance is not disclosed by the insured to all insurers issuing such policies;
- (b) Two or more buildings, structures, mobile homes, or manufactured buildings are insured under a blanket form for a single amount of insurance; or
- (c) The completed value of a building, structure, mobile home, or manufactured building is insured under a builder's risk policy.
 - (5) (4) The amount of any loss referred to in subsection

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(1) or subsection (2) or subsection (3) is shall be subject to any coinsurance clause contained in the policy pursuant to s. 627.701.

(6)(5) This section does not apply as to personal property or any interest therein, except with respect to mobile homes as defined in s. 320.01(2) or manufactured buildings as defined in s. 553.36(13). Nor does this section apply to coverage of an appurtenant structure or other structure or any coverage or claim in which the dollar amount of coverage available as to the structure involved is not directly stated in the policy as a dollar amount specifically applicable to that particular structure.

(7)(6) With regard to mobile homes included in subsection (2)(1), any total loss shall be adjusted on the basis of the amount of money for which such property was insured as specified in the policy, whether on an actual cash value basis, replacement cost basis, or stated amount, and for which a premium has been charged and paid only if the insured has elected to purchase such coverage at the inception of the policy. However, when coverage is written for a mobile home on any basis other than stated value, a complete disclosure of the relative cost between that policy and the stated value policy shall be made to the insured on a form and in a format approved by the office. Such forms shall disclose and describe the differences between the types of policies and shall be signed by

the insured. Copies shall be maintained in the insurer's file, and a copy shall be made available to the insured. Each insurer licensed to write insurance covering mobile homes shall make such stated value coverage available at the option of the insured.

(8) (7) This section does not prohibit Nothing herein shall be construed as prohibiting an insurer from repairing or replacing damaged property at its own expense and without contribution on the part of the insured except, as provided in subsection (7) (6), when an insured has elected to purchase stated value coverage. Such repair or replacement of damaged property shall be in lieu of any liability created by subsection (2) (1); and any insurer so repairing or replacing shall have no liability pursuant to subsection (2) (1), provided such insurer returns to the named insured a portion of the premium, for all policy terms during which the policy limits were the same as those in effect on the date on which the loss occurred, equal to that portion of the premium paid for limits of insurance on the structure in excess of the cost of replacement.

(9) (8) Any property insurer may, by an appropriate rider or endorsement or otherwise, provide insurance indemnifying the insured for the difference between the insurable value of the insured property at the time any loss or damage occurs, and the amount actually expended to repair, rebuild, or replace within this state, with new materials of like size, kind, and quality,

such property as has been damaged or destroyed.

Section 4. Paragraph (e) of subsection (6) of section 627.7011, Florida Statutes, is amended to read:

- 627.7011 Homeowners' policies; offer of replacement cost coverage and law and ordinance coverage.—
 - (6) This section does not:

(e) Prohibit an insurer from exercising its right to repair damaged property in compliance with its policy and \underline{s} . 627.702(8) \underline{s} . 627.702(7).

Section 5. Section 627.7142, Florida Statutes, is amended to read:

627.7142 Homeowner Claims Bill of Rights.—An insurer issuing a personal lines residential property insurance policy in this state must provide a Homeowner Claims Bill of Rights to a policyholder within 14 days after receiving an initial communication with respect to a claim. The purpose of the bill of rights is to summarize, in simple, nontechnical terms, existing Florida law regarding the rights of a personal lines residential property insurance policyholder who files a claim of loss. The Homeowner Claims Bill of Rights is specific to the claims process and does not represent all of a policyholder's rights under Florida law regarding the insurance policy. The Homeowner Claims Bill of Rights does not create a civil cause of action by any individual policyholder or class of policyholders against an insurer or insurers. The failure of an insurer to

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properly deliver the Homeowner Claims Bill of Rights is subject to administrative enforcement by the office but is not admissible as evidence in a civil action against an insurer. The Homeowner Claims Bill of Rights does not enlarge, modify, or contravene statutory requirements, including, but not limited to, ss. 626.854, 626.9541, 627.70131, 627.7015, and 627.7074, and does not prohibit an insurer from exercising its right to repair damaged property in compliance with the terms of an applicable policy or ss. 627.7011(6)(e) and 627.702(8) 627.702(7). The Homeowner Claims Bill of Rights must state:

HOMEOWNER CLAIMS

BILL OF RIGHTS

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

YOU HAVE THE RIGHT TO:

1. Receive from your insurance company an acknowledgment of your reported claim within 7 days after the time you communicated the claim.

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2. Upon written request, receive from your insurance						
company within 30 days after you have submitted a complet						
proof-of-loss statement to your insurance company,						
confirmation that your claim is covered in full, partiall						
covered, or denied, or receive a written statement that						
your claim is being investigated.						

- 3. Receive from your insurance company a copy of any detailed estimate of the amount of the loss within 7 days after the estimate is generated by the insurance company's adjuster.
- 4. Within 60 days, subject to any dual interest noted in the policy, receive full settlement payment for your claim or payment of the undisputed portion of your claim, or your insurance company's denial of your claim.
- 5. Receive payment of interest, as provided in s. 627.70131, Florida Statutes, from your insurance company, which begins accruing from the date your claim is filed if your insurance company does not pay full settlement of your initial, reopened, or supplemental claim or the undisputed portion of your claim or does not deny your claim within 60 days after your claim is filed. The interest, if applicable, must be paid when your claim or the undisputed portion of your claim is paid.
- 6. Free mediation of your disputed claim by the Florida Department of Financial Services, Division of Consumer

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Services, under most circumstances and subject to certain restrictions.

- 7. Neutral evaluation of your disputed claim, if your claim is for damage caused by a sinkhole and is covered by your policy.
- 8. Contact the Florida Department of Financial Services, Division of Consumer Services' toll-free helpline for assistance with any insurance claim or questions pertaining to the handling of your claim. You can reach the Helpline by phone at ...(toll-free phone number)..., or you can seek assistance online at the Florida Department of Financial Services, Division of Consumer Services' website at ...(website address)....

YOU ARE ADVISED TO:

- 1. File all claims directly with your insurance company.
- 2. Contact your insurance company before entering into any contract for repairs to confirm any managed repair policy provisions or optional preferred vendors.
- 3. Make and document emergency repairs that are necessary to prevent further damage. Keep the damaged property, if feasible, keep all receipts, and take photographs or video of damage before and after any repairs to provide to your insurer.
- 4. Carefully read any contract that requires you to pay out-of-pocket expenses or a fee that is based on a

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276	perc	centage	of	the	insurance	prod	ceeds	that	you	will	receive
277	for	repairi	ing	or	replacing	your	prope	erty.			

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- 5. Confirm that the contractor you choose is licensed to do business in Florida. You can verify a contractor's license and check to see if there are any complaints against him or her by calling the Florida Department of Business and Professional Regulation. You should also ask the contractor for references from previous work.
- 6. Require all contractors to provide proof of insurance before beginning repairs.
- 7. Take precautions if the damage requires you to leave your home, including securing your property and turning off your gas, water, and electricity, and contacting your insurance company and provide a phone number where you can be reached.
- Section 6. This act shall take effect July 1, 2025.

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