



LAAIA 2020 Legislative Session Summary

Strange, even bizarre, events often make some of Florida's annual Legislative sessions more memorable than others, and the 2020 session is certainly one of them! The session was on cruise control and coming in for a smooth landing in its last week of meetings when it suddenly had an Apollo 13 experience.

The COVID-19 surely knocked the wheels off the legislative process...also killing hundreds of proposed bills that were awaiting final hearings in one chamber or the other.

The Legislature ran-out of time on its regular 60-day session and was forced to extend for an additional seven days in order to adopt and pass a new state budget of \$93.2 billion. The Legislature adjourned and most traveled home on the weekend after the last regularly scheduled day. However, Legislators were directed to return the following Thursday for a noon-time vote to pass the budget.

Due to the pandemic alerts, there was considerable interest regarding the possibility of remote or 'off-site' voting, but the Florida Constitution requires Legislators to assemble and vote on the budget in their respective Chambers. Care was taken regarding COVID-19, including requesting members to drive and not fly to Tallahassee, and the visitor galleries were closed.

When it was said and done, of the 3,517 bills filed for consideration in the 2020 session, only 207 passed both Legislative Chambers and were enrolled for the Governor's later actions. Whether that's a loss or a victory will depend on the people you ask!

Major issues dealing with gaming, marijuana, constitutional changes, lawsuit limitations and educational changes all fell victim to the session clock, also a victim of the flu.

Gov. Ron DeSantis vetoed about \$1 billion from the budget lawmakers passed this spring, bolstering reserves to gird against the economic downturn caused by the coronavirus pandemic. After the vetoes, the state budget that went into effect July 1 stands at \$92.2 billion.

DeSantis said in a news conference that after the vetoes, Florida's reserves will increase to \$6.3 billion, which the state could tap into to offset the effect of a big drop in tax collections that has already started. State economists said last week that state revenue was about \$789 million below projections in May, with sales tax collections about \$700 million under the amount that would have been expected without the pandemic. The governor said reserves now include \$2.3 billion in unallocated general revenue, and \$1.5 billion in unallocated trust fund money. The state's main reserve fund, the Budget Stabilization Fund, holds \$1.7 billion and \$800 million remains in reserve in the state's tobacco litigation trust fund.

The governor noted that many of the budget items he vetoed are items he had actually recommended in his proposed budget earlier this year, and that the merit of many of the rejected spending items wasn't the issue - only the need to boost savings. "Next year, we will see a lot of this stuff back in play," he said. "I think these steps are necessary in order to make sure we are still on a stable fiscal foundation ... These were not easy decisions."

Vetoed Items

The largest individual veto item was \$225 million in affordable housing money that will be left unspent and held in reserve. Another one of the largest vetoed items was a \$41.6 million bucket of money for a high profile school security program created in the wake of the Parkland shooting.

Here's a closer look at some of the budget items vetoed by the governor:

State Housing Initiatives Partnership - \$225 million. The largest individual veto item was \$225 million pulled back from the State Housing Initiatives Partnership, or SHIP, a program that helps low- and moderate-income families buy houses. The veto will hold that money back for now in a trust fund that goes for affordable housing - keeping it in reserve.

School Security - \$41.6 million. The governor vetoed a \$41.6 million pot of money for the Coach Aaron Feis Guardian Program, which was created to help schools bolster security with armed personnel.

Behavior Disorder Care in Institutions - \$38.4 million. The governor vetoed money to increase Medicaid rates for providers who care for people with disabilities in institutions with severe behavior disorders. That cut was among a group of vetoes of increases in the pay rates for providers of care to people with disabilities. Another \$36.8 million for personal support and companion providers for the disabled was vetoed, and \$16 million in pay increases for people who provide adult day training was cut.

Complete Florida Plus Program - \$29.4 million. A veto eliminated the entire budget for a suite of online education systems, including virtual library materials and other distance learning initiatives. The program is used by K-12 school districts and colleges and universities.

Infectious Disease Drug Treatment (Hepatitis) - \$28 million. The governor cut spending authorized by lawmakers for Hepatitis C treatment in the prison system.

New 2nd District Court of Appeal Building - \$21 million. DeSantis vetoed money that had been earmarked for a new state appeals court building in the Tampa Bay area.

Florida State University - College of Business - \$20 million. FSU lost out on "fixed capital outlay" money - money usually used for constructing new buildings - for its College of Business. The college is building Legacy Hall, and relying on state funding for about a quarter of the cost.

Florida Job Growth Grant Fund - \$20 million. A veto of money for job training and public infrastructure projects.

Universities of Distinction - \$15 million. DeSantis vetoed money for a newly-created "Universities of Distinction" program to highlight and support certain "non-preeminent" universities in the state.

[CS/SB 292 — Insurance Claims Data](#)

by Banking and Insurance Committee and Senator Broxson

The bill requires an insurance carrier to provide a loss run statement to an insured within 15 days following receipt of a request submitted by the insured. For personal lines of insurance, an insurance carrier may instead provide the insured with information on how to obtain a loss run statement at no charge through a consumer reporting agency. The insurance carrier must notify the agent of record that the statement was provided electronically or made available through an electronic portal. The statement must include a loss run history for the preceding 5 years or, if the history is less than 5 years, a complete loss run history with the insurance carrier. The bill specifies that an insurer is not required to provide loss reserve information as part of a loss run statement. The insurance carrier may not charge a fee for preparing or annually providing one loss run statement.

The bill creates the following definitions:

- "Loss run statement" means a report containing the policy number, period of coverage, number of claims, paid losses on all claims, and date of each loss; and
- "Provide" means to send a document electronically or to allow access through an electronic portal to view or generate a document.

Section 1 creates s. 626.9202, F.S., to apply these requirements to non-admitted insurance carriers.

Section 2 creates s. 627.444, F.S., to apply these requirements to admitted insurance carriers.

Section 3 provides an effective date of January 1, 2021.

The bill takes effect January 1, 2021.

[CS/HB 529 — Insurance Guaranty Associations](#)

by Insurance and Banking Subcommittee and Reps. Webb, Donalds, and others (CS/SB 898 by Banking and Insurance Committee and Senators Gruters and Broxson)

The bill changes the amount of coverage that FIGA must provide for each condominium unit within a condominium association from a maximum of \$100,000 multiplied by the number of units to \$200,000 multiplied by the number of units.

The bill also changes the amount of the emergency assessments that FIGA is authorized to levy against any insurer from a maximum of two percent of that insurer's net written premiums in Florida for the kinds of insurance within either the auto or all other insurance accounts maintained by FIGA to a maximum of four percent of the same premiums.

This bill takes effect July 1, 2020.

SB 540 — Insurance Guaranty Associations

by Senators Rader and Rouson

The bill makes the following changes:

Section 1 creates s. 626.8621, F.S., to allow FIGA employees to adjust losses so long as they hold, or have held in the past 10 years, licensure in Florida that allows for the adjustments of losses. The bill allows guaranty association employees of other states whose insurance regulators are members of the National Association of Insurance Regulators to adjust losses for the FIGA so long as the FIGA contracts with employees who maintain the appropriate experience and training for adjusting such claims.

Section 2 amends s. 631.54, F.S., by removing the word “net” from “net direct written premium” to use the more common industry terminology of “direct written premium.” It also strikes the words “dividends paid or credited to policyholders”, removing the offset for policyholder dividends that had previously been applied against the base from which the FIGA derives assessments.

Section 3 amends s. 631.57(3)(a), F.S., by removing language that requires a determination of each insurer's proportion of net direct written premiums to the total of net direct written premiums received during the preceding calendar year for the kinds of insurance included within an account. It also moves the portion of s. 631.57(3)(a), F.S., which requires that the FIGA provide each insurer with at least 30 days' written notice as to the date the initial assessment payment is due to s. 631.57(3)(f)1.b, F.S. Notice of an initial payment due date would not apply when the assessment is being paid in a single payment. It allows for quarterly installment payments of assessments, instead of monthly installment payments. Finally, the bill conforms net direct written premium language contained in s. 631.54, F.S., to statutory changes made by Section 2.

Section 4 amends s. 625.012, F.S., to conform assessment installment payment language contained in s. 625.012(15)(b), F.S., to statutory changes made by Section 3.

Section 5 amends s. 631.59, F.S., to conform the duties of the OIR contained in s. 631.59(3), F.S., to statutory changes made by Section 2.

Section 6 amends s. 631.912, F.S., to conform the duties of the FWCIGA's Board of Directors contained in s. 631.912(1), F.S. to statutory changes provided by Section 7. Also, conforms net direct written premium language contained in s. 631.54, F.S., to statutory changes made by Section 2.

Section 7 amends s. 631.914(1)(a), F.S., by removing language that requires a determination of each insurer's proportion of net direct written premiums to the total of net direct written premiums received during the preceding calendar year for all workers' compensation insurers. This section also removes the word "net" from "net direct written premium" to use the more common industry terminology of "direct written premium" as provided by Section 2. It prohibits reducing an insurer's direct written premium by any discount, credit for deductible in a policy, or premium adjustment to a retrospectively rated policy, for the purposes of determining the insurer's assessment or policy surcharge, and it authorizes the FWCIGA to conduct audits of premium reports.

This section requires the OIR to levy the uniform surcharge percentage on all policies of the same kind or line as it considered in determining the assessment liability of the insurer.

Finally, it provides that assessments paid by worker's compensation insurers to the FWCIGA constitute advances of funds under certain circumstances to allow for proper accounting treatment.

This bill takes effect July 1, 2020.

[CS/CS/HB 977: Motor Vehicle Dealers](#)

by State Affairs Committee ; Transportation and Infrastructure Subcommittee ; Rommel ; (CO-INTRODUCERS) Sabatini

The bill provides the following legislative findings:

The Legislature finds that, absent negligence or criminal conduct by a motor vehicle dealer, or its leasing or rental affiliates, subjecting motor vehicle dealers and their leasing and rental affiliates to vicarious liability under the dangerous instrumentality doctrine when a temporary replacement vehicle is provided to a consumer is both unfair and economically disadvantageous in that it causes dealers and their affiliates to suffer higher insurance costs, which are then passed on to consumers. Additionally, application of the vicarious liability doctrine in such cases often serves to relieve the actual tortfeasor from liability.

Additionally, the bill provides that a motor vehicle dealer, or a motor vehicle dealer's leasing or rental affiliate, that provides a temporary replacement vehicle to a service customer whose vehicle is being held for repair, service, or adjustment by the dealer is immune from civil liability if:

- The vehicle is provided at no charge or at a reasonable daily charge;
- There is no negligent or criminal wrongdoing by the dealer or affiliate; and
- The dealer or affiliate executes a written rental or use agreement and obtains a copy of the vehicle operator's driver license and insurance information reflecting at least the minimum required motor vehicle insurance coverage required by the state.

If the driver license or insurance information provided to the dealer or affiliate is fraudulent or otherwise invalid, that fact does not diminish the dealer's or affiliate's immunity unless the dealer or affiliate had actual knowledge of such fact.

Lastly, the bill specifies that the term "service customer" does not include an employee, an agent, or a principal of a motor vehicle dealer or a motor vehicle dealer's leasing or rental affiliate unless the

employee is having his or her personal car serviced or repaired by the dealer, the employee is treated in the same way that other customers are treated when the dealer provides temporary replacement vehicles, and the employee is not acting in the course and scope of their employment.

This bill takes effect July 1, 2020.

CS/CS/HB 1039: Transportation Network Companies

by State Affairs Committee ; Transportation and Infrastructure Subcommittee ; Rommel ; (CO-INTRODUCERS) Fischer

The bill establishes a regulatory framework for digital advertising on transportation network company (TNC) vehicles and for luxury ground TNC (LGTNC) vehicles. Specifically, the bill:

- Defines the term “transportation network company digital advertising device” or “TNC digital advertising device;” authorizes a TNC driver or his or her designee to contract with a company to install a TNC digital advertising device (DAD) on a TNC vehicle, which is a part of the vehicle; and provides equipment, operational, lighting, and testing requirements for a TNC DAD.
- Prohibits a TNC DAD from displaying advertisements for illegal products or services or that include nudity or violent images and subjects displayed advertisements to the Florida Deceptive and Unfair Trade Practices Act (FDUTPA).
- Provides immunity from liability for display of an advertisement in violation of the FDUTPA or the new section of law created by the bill for:
 - A TNC, TNC driver, TNC vehicle owner, or an owner or operator of a TNC DAD, unless the TNC, TNC driver, TNC vehicle owner, or an owner or operator of a TNC DAD had actual knowledge that the advertisement constitutes a violation.
 - A TNC that is not the owner or operator of a TNC DAD that displays an advertisement on a TNC DAD, unless the advertisement is displayed on behalf of the TNC.
- Exempts a TNC from liability under general law by reason of owning, operating, or maintaining the digital network accessed by a TNC driver or rider, or by being affiliated with a TNC driver, for harm to persons or property resulting or arising out of the use, operation, or possession of a motor vehicle operating as a TNC vehicle while the driver is logged on to the digital network if:
 - There is no negligence or criminal wrongdoing on the part of the TNC;
 - The TNC has fulfilled all of its obligations under s. 627.748, F.S., with respect to the TNC driver; and
 - The TNC is not the owner or bailee of the motor vehicle that caused the harm.
- Provides that a motor vehicle that is compliant with the Americans with Disabilities Act and is owned and used by a company that uses a digital network to facilitate prearranged rides to persons with disabilities for compensation may be used as a TNC vehicle.
- Revises and provides definitions to delete references to “for-hire vehicles” as the term relates to TNCs, effectively deeming TNC vehicles as for-hire vehicles providing for-hire vehicle service.
- Defines the term “luxury ground transportation network company” or “luxury ground TNC” to mean a company that:
 - Meets the requirements relating to election to be regulated as an LGTNC, and

- Uses its digital network to connect riders exclusively to drivers who operate for-hire vehicles, including limousines and luxury sedans and excluding taxicabs.
- Authorizes an entity to elect, upon written notification to the Department of Financial Services, to be regulated as an LGTNC. The bill requires an LGTNC to:
 - Comply with all of the requirements of s. 627.748, F.S., applicable to TNCs which do not conflict with insurance coverage requirements or which do not prohibit the company from connecting riders to drivers who operate for-hire vehicles, including limousines and luxury sedans and excluding taxicabs; and
 - Maintain at all times insurance coverage as required by s. 627.748(7), F.S. The minimum insurance requirements applicable to a vehicle are dependent upon whether the vehicle is being operated as a limousine, or as an LGTNC.
- Authorizes a prospective LGTNC that satisfies minimum financial responsibility requirements at the time of written notification to the department by using self-insurance to continue to use self-insurance.

Includes LGTNCs, LGTNC drivers, and LGTNC vehicles in existing provisions relating to preemption to the state of regulation of TNCs, TNC drivers, and TNC vehicles, thereby preempting to the state regulation of LGTNCs, LGTNC drivers, and LGTNC vehicles.

The bill was approved by the Governor on June 23, 2020, ch. 2020-87, L.O.F., and became effective on that date.

HB 1189 — Genetic Information for Insurance Purposes

by Reps. Sprowls, Williamson, and others (CS/CS/SB 1564 by Judiciary Committee; Banking and Insurance Committee; and Senator Stargel)

The bill amends s. 627.4301, F.S., existing prohibitions on the use of genetic information by insurers to include entities that issue policies for life insurance, long-term care insurance, and disability income insurance. Specifically, the bill prohibits issuers of life insurance, long-term care insurance, and disability income from canceling, limiting, or denying coverage, and from setting different premium rates, based on personal genetic information without a specific diagnosis related to the genetic information. The bill also prohibits life insurers and long-term care insurers from requiring or soliciting genetic information, using genetic test results, or considering a person’s decisions or actions relating to genetic testing for any insurance purpose.

The bill expressly provides that it may not be construed to prevent life insurers or long-term care insurers from accessing an individual’s medical record as part of an application process. Likewise, it expressly states that nothing in the bill prevents a life insurer or long-term care insurer from considering a medical diagnosis included in an applicant’s medical record, even if a diagnosis resulted from the use of a genetic test.

The bill applies to insurance policies entered into or renewed on or after January 1, 2021.

This bill takes effect on July 1, 2020.

CS/CS/SB 1606 — Insurance Administration

by Infrastructure and Security Committee; Banking and Insurance Committee; and Senator Perry

The bill makes the following changes:

Electronic Signature Requirement for a Motor Vehicle Salvage Certificate of Title

Section 1 amends s. 319.30, F.S., to allow electronic signatures on odometer disclosures related to salvage certificates of title to use Level 2 security requirements, consistent with the applicable federal standard. This applies the same security requirements to electronic signatures on odometer disclosures for both certificates of destruction and salvage certificates of title and allows certificate applicants to electronically sign odometer disclosures remotely in both instances, rather than remotely when applying for a certificate of destruction but in-person only for salvage certificates of title.

Workers Compensation Insurance Reporting Requirements (Sections 2 and 3)

Sections 2 and 3 amends ss. 440.12 and 440.20, F.S., to allow employers and their carriers, upon authorization of the injured worker, to pay indemnity benefits, including associated monetary penalties, by sending money electronically to the injured worker via their account with a money transmitter. Indemnity and penalties paid via money transmitter accounts is considered paid on the date the funds become available to the injured worker for withdrawal.

Civil Remedy Notices (Sections 4 and 7)

Sections 4 and 7 amends ss. 624.155 and 624.422, F.S., to require the notice to the authorized insurer must be provided by the DFS to the e-mail address designated by the insurer.

The bill adds an additional tolling period to s. 624.155, F.S. It tolls the statute of limitation for 60 days following the date appraisal is invoked in a residential property insurance claim. In combination, it also changes the current 65-day tolling period resulting from the filing of the notice, to a 60-day period after the insurer receives notice from the DFS. The statute of limitation could be tolled for up to 120 days to allow the insurer the 60-day cure period and also allow the parties to pursue the appraisal process prior to expiration of the statute of limitation.

Additionally, the bill clarifies that the 60-day cure period runs from the date the insurer receives the notice, rather than following “filing,” which is not defined.

Trade Secret Information (Sections 5 and 6)

Sections 5 and 6 amends ss. 624.307 and 624.315, F.S., to limit the release of aggregate information by the OIR and the DFS if protected trade secret information can be extrapolated from the aggregate information that the OIR or the DFS would otherwise release. This could occur where aggregate information is reported on a line of insurance in which a small number of companies participate such that one or more of the participating companies could back-out their own data from the reported aggregate information and discern the trade secret information of their competitor. The bill does not create a new public records exception, rather, it limits what the OIR and the DFS may do with public record information that is protected as a trade secret, but is not confidential and exempt public record information.

Extension of Deadlines in Insurance Rate and Form Filing (Sections 9 through 11)

Sections 9 through 11 amend ss. 627.062, 627.0651 and 627.410, F.S., to establish that if the last day of the timeframe for the OIR to review and approve or disapprove a rate filing for property, casualty, or surety insurance, including motor vehicle insurance, or to review an insurer's form filing, falls on a weekend or holiday recognized by Florida governmental agencies or branches, then the period shall be extended until the conclusion of the next business day.

Residential Condominium Loss Assessments (Section 12)

Section 12 amends s. 627.714, F.S., to provide that the amount of loss assessment coverage that can be assessed against a unit owner is based upon the coverage limit for loss assessment that was in effect in the unit owner's policy one day before the date of an occurrence that resulted in a loss for which the unit owner is being assessed. Further, the bill establishes that the coverage in place at that time applies regardless of the date on which the condominium association assesses the unit owner.

Prepayment of Premium on Initial Policy Purchase and Cancellation of Motor Vehicle Insurance Policies (Section 13)

Section 13 amends s. 627.7295, F.S., to reduce the limitation on insurer cancellation from 60 days to 30 days to make the bill consistent with the 2019 law change that reduced the required collection of initial premium from two month's premium to one month's premium.

Travel Insurance (Section 8 and Sections 14 through 22)

Section 8 amends s. 626.321, F.S., to revise current travel insurance agent and agency licensing requirements.

Any person licensed in a major line of authority as an insurance producer, including a property and casualty insurance producer who is not appointed by an insurer, may transact travel insurance. A licensed "producer" is a licensed insurance agent.

The bill requires the DFS to issue a travel insurance limited license to each limited lines travel insurance producer (travel insurance producer) that properly files an application with the DFS. The limited license authorizes the travel insurance producer to sell, solicit, or negotiate travel insurance through a licensed insurer. A travel insurance producer is defined in **Section 16** of the bill as:

- A licensed administrator or third-party administrator;
- A licensed insurance producer, including a limited lines producer; or
- A travel administrator.

The section also creates a registration requirement for travel retailers, which are business entities that make, arrange, or offer planned travel. Under the bill, a travel retailer may also offer and disseminate travel insurance to its customers on behalf of and under the license of a travel insurance producer. To do so, the travel retailer must be registered and appointed under a licensed limited lines travel insurance producer to transact travel insurance and must meet the following requirements:

- The travel insurance producer or travel retailer provides to purchasers of travel insurance:
 - The material terms of the insurance coverage or a description thereof;
 - A description of the process for filing a claim;
 - A description of the review or cancellation process for the travel insurance policy; and
 - The identity and contact information of the insurer and the limited lines travel insurance producer.

- The travel insurance producer is required to:
 - Establish and maintain a register on the DFS’s website of each travel retailer offering travel insurance on its behalf;
 - Maintain and update the register, which must include the travel retailer’s federal tax identification number and the name, address, and contact information of the travel retailer and an officer or person who directs or controls the travel retailer’s operations;
 - Submit the register to the DFS upon reasonable request.
 - Certify that the travel retailer register complies with 18 U.S.C. s. 1033

- The travel insurance producer must designate one employee, who is a licensed insurance producer, responsible for compliance issues applicable to the licensee and the registered travel retailers appointed under the licensee.
- The travel insurance producer has paid all applicable licensing fees.
- Each employee and each authorized representative of the travel insurance producer must receive instruction or training. Such training or instruction is subject to review and approval by the DFS and must include, at a minimum, adequate instruction on the types of insurance offered, ethical sales practices, and required disclosures to prospective purchasers.

Under this section, the term “offer and disseminate” means to provide general information, including a description of the coverage price, as well as processing the application and collecting premiums.

Travel retailers offering or disseminating travel insurance are required to make available to prospective purchasers written materials approved by the travel insurer. Minimally, the material must:

- Provide the contact information of the travel insurance producer;
- Explain that the purchase of travel insurance is not necessary in order to purchase other products from the travel retailer; and
- Explain a travel retailer is authorized to provide only general information about insurance offered by the travel retailer, including a description of the coverage and price, but is not qualified or authorized to answer technical questions about the terms and conditions of the policy offered or to evaluate the adequacy of the customer’s existing insurance coverage.

Travel retailer employees or authorized representatives who are not licensed as an insurance producer may not evaluate or interpret the terms of the travel insurance contract, evaluate or provide advice concerning the prospective purchaser’s existing insurance coverage, or hold himself or herself out as an insurance expert. Properly registered travel retailers and their employees may receive compensation from the travel insurance producer.

The travel insurance producer is responsible for the acts of the travel retailer and must use reasonable means to ensure compliance by the travel retailer with this section.

Section 14 directs the Division of Law Revision to create ch. 647, F.S., encompassing ss. 647.01-647.08, F.S., to be entitled “Travel Insurance.”

Section 15 creates s. 647.01, F.S., to provide a purpose statement that promotes the public welfare by creating a comprehensive legal framework within which travel insurance may be sold in Florida. It defines the scope of the chapter as applicable to:

- Travel insurance that covers any resident of this state and that is sold, solicited, negotiated, or offered in this state; and
- Policies and certificates that are delivered or issued for delivery in Florida.

The bill does not apply to cancellation fee waivers or travel assistance services, except as expressly provided.

It specifies that all other applicable provisions of the insurance laws of this state continue to apply to travel insurance, except that the specific provisions of this chapter shall supersede any general provisions of law that would otherwise be applicable to travel insurance.

Section 16 creates s. 647.02, F.S., and defines the following terms used in the chapter:

- “Aggregator site” – a website that provides access to information regarding insurance products from more than one insurer, including product and insurer information, for use in comparison shopping.
- “Blanket travel insurance” – a policy of travel insurance issued to an eligible group providing coverage to all members of the eligible group without a separate charge to individual members of the eligible group.
- “Cancellation fee waiver” – a contractual agreement between a supplier of travel services and its customer to waive some or all of the nonrefundable cancellation fee provisions of the supplier’s underlying travel contract with or without regard to the reason for the cancellation or form of reimbursement. A cancellation fee waiver is not insurance.
- “Department” – the Department of Financial Services.
- “Eligible group” – for the purposes of travel insurance, means two or more persons who are engaged in a common enterprise or who have an economic, educational, or social affinity or relationship. The bill provides numerous examples of the types of groups included.
- “Fulfillment materials” – documentation sent to the purchaser of a travel protection plan confirming the purchase and providing the travel protection plan’s coverage and assistance details.
- “Group travel insurance” – travel insurance issued to an eligible group.
- “Limited lines travel insurance producer” means:
 - A licensed or third-party administrator;
 - A licensed insurance producer, including a limited lines producer; or
 - A travel administrator.
- “Travel administrator” – a person who directly or indirectly underwrites policies for; collects charges, collateral, or premiums from; or adjusts or settles claims made by residents of this state in connection with travel insurance, except that a person is not considered a travel administrator if the person is:
 - A person working for a travel administrator, to the extent that the person’s activities are subject to the supervision and control of the travel administrator;
 - An insurance producer selling insurance or engaged in administrative and claims-related activities within the scope of the producer’s license;

- A travel retailer, as defined s. 626.321(1)(c)2., F.S., offering and disseminating travel insurance and registered under the license of a limited lines travel insurance producer in accordance with s. 626.321(1)(c), F.S.;
 - A person adjusting or settling claims in the normal course of the person’s practice or employment as an attorney at law, without collecting charges or premiums in connection with insurance coverage; or
 - A business entity that is affiliated with a licensed insurer while acting as a travel administrator for the direct and assumed insurance business of the affiliated insurer.
- “Travel assistance services” – noninsurance services for which the consumer is not indemnified based on a fortuitous event, and the provision of which does not result in the transfer or shifting of risk which would constitute the business of insurance. The term includes, but is not limited to, security advisories, destination information, vaccination and immunization services, travel reservation services, lost luggage assistance, concierge service and many other services. Travel assistance services are not insurance and are not related to insurance.
 - “Travel insurance” – insurance coverage for personal risks incidental to planned travel, including:
 - Interruption or cancellation of trip or event;
 - Loss of baggage or personal effects;
 - Damages to accommodations or rental vehicles;
 - Sickness, accident, disability, or death occurring during travel;
 - Emergency evacuation;
 - Repatriation of remains; or
 - Any other contractual obligations to indemnify or pay a specified amount to the traveler upon determinable contingencies related to travel as determined by the OIR.

The term does not include major medical plans that provide comprehensive medical protection for travelers with trips lasting longer than six months, including major medical plans for those working or residing overseas as expatriates, or any other product that requires a specific insurance producer license.

- “Travel protection plan” – a plan that provides one or more of the following: travel insurance, travel assistance services, and cancellation fee waivers.

Section 17 creates s. 647.03, F.S., to require that the travel insurer must pay a premium tax, as required under s. 624.509, F.S., on travel insurance premiums paid by the primary policyholder, certificateholder, or blanket travel insurance policyholder under certain conditions, which include state of residence or principal place of business. The travel insurer is required to document the state of residence or principal place of business for the policyholder or certificateholder, or an affiliate or subsidiary, thereof. The premium paid does not include amounts received for travel assistance services or cancellation waivers.

The bill provides that the premium tax is subject to any apportionment rules that apply to an insurer across multiple taxing jurisdictions or that authorize an insurer to allocate premium on an apportioned basis in a reasonable and equitable manner in those jurisdictions.

The bill defines “primary certificateholder” as an individual who purchases travel insurance under a group policy and “primary policyholder” as an individual who purchases individual travel insurance.

Section 18 creates s. 647.04, F.S., to allow the sale of travel protection plans for one price provided the plan provides to the consumer, at or before the time of purchase:

- Disclosure that the plan includes travel insurance, travel assistance services, and cancellation fee waivers, as applicable and provides information and an opportunity for the consumer to obtain additional information regarding the features and pricing of each.
- Fulfillment materials describing and delineating each of its features and pricing of each constituent feature, all disclosure required by ch. 647, F.S., and the contact information for the persons providing travel assistance services and cancellation fee waivers.

Section 19 creates s. 647.05, F.S., to require that travel insurance documents provided to a consumer before purchase must be consistent with the travel insurance policy. Information on any preexisting condition exclusion must be provided before purchase.

Fulfillment materials, and mandatory disclosures under s. 626.321(1)(c)3.a., F.S., must be sent to the purchaser of a travel protection plan after purchase, confirming the purchase and outlining the details of the plan. Fulfillment materials must include whether the travel insurance is primary or secondary to other applicable coverage and whether the policy has preexisting condition exclusions.

A policyholder or certificate holder can cancel a policy or certificate for a full refund up to 15 days after date of delivery, if delivered by postal mail, or ten days after date of delivery, if delivered by means other than postal mail. Under this section, “delivery” means handing fulfillment materials to the policyholder or certificateholder or sending fulfillment materials by postal or electronic means to the policyholder or certificateholder.

A person offering, soliciting, or negotiating travel insurance or protection plans may not do so using an opt-out option that requires a consumer to take an affirmative action when purchasing a trip.

Any person offering travel insurance is subject to the Unfair Insurance Trade Practices Act (UITPA), unless otherwise specified. If a conflict arises between UITPA and this chapter, the provisions of this chapter will control. If a destination jurisdiction requires travel insurance coverage, it is not an unfair trade practice to require the consumer to purchase the required coverage through the travel retailer or the limited lines insurance producer supplying the trip or package, or to require that the consumer obtain and provide proof of coverage from another source, provided it meets the jurisdiction’s requirements and is purchased prior to departure. It is not an unfair trade practice to market travel insurance directly to a consumer online, as long as the web page provides an accurate summary or short description of the coverage and the consumer has access to the full policy provisions through electronic means. Conversely, a person commits an unfair trade practice under UITPA if he or she offers or sells a policy that could never result in payment of any claims or markets blanket travel insurance coverage as free.

Section 20 creates s. 647.06, F.S., to allow a person to act or represent himself or herself as a travel administrator if he or she is a licensed and appointed property and casualty insurance producer in Florida, is appointed as a managing agent in Florida, or holds a valid third party administrator license. A

travel administrator and its employees are exempt from the licensing requirements listed in ch. 626, part VI, F.S. An insurer has the responsibility of ensuring a travel administrator acts in accordance with this chapter and maintains books and records, which must be available to DFS upon request.

Section 21 creates s. 647.07, F.S., to classify travel insurance under the inland marine line of insurance for purposes of rates and forms. Coverage for sickness, accident, disability, death or incidental limited property and casualty benefits, such as baggage or trip cancellation, during travel may be classified and filed under the accident and health or the inland marine line of insurance. Travel insurance may be in the form of an individual, group, or blanket policy. Sections of policies or endorsements for inland marine insurance consisting of travel assistance services or cancellation fee waivers are not subject to s. 627.410, F.S.

Travel insurance programs may be developed and provided based on travel protection plans designed for individual or identified marketing or distribution channels.

Section 22 creates s. 647.08, F.S., which requires the DFS to adopt rules to administer ch. 647, F.S.

Effective Date

Section 23 provides except as otherwise expressly provided in the bill and except for Section 23, which shall take effect upon this act becoming a law on June 20, 2020, the bill has an effective date of July 1, 2020.