

FINANCIAL SERVICES COMMISSION

Office of Insurance Regulation

RULE NO : RULE TITLE:
690-167 013 Residential Property Insurance
Checklists and Disclosures

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed, in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 31, No 49, December 9, 2005, of the Florida Administrative Weekly. These changes are being made to address concerns expressed at the public hearing and by the Joint Administrative Procedures Committee

1. Subsection (1) of Rule 690-167 013, F.A.C., is revised to change the word "accompanies" to "accompany" and to change the website address to www.flor.com/HotTopics_Other.htm.
2. Subsection (2) of Rule 690-167,013, F.A.C., is revised to change the term "prominently displayed" to "prominently display".

The remainder of the reads as previously published.

3. Form OIR-BI-1670 has been revised to add additional consumer disclosures and other edits to improve clarity

A copy of the revised form is available from: Michael Milnes, e-mail: michael.milnes@fldfs.com

FINANCIAL SERVICES COMMISSION

Office of Insurance Regulation

RULE NO : RULE TITLE:
690-170 013 Filing Procedures for Property and
Casualty Insurance Rates, Rules,
Underwriting Guidelines, and
Forms

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule, in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 31, No 26, July 1, 2005, of the Florida Administrative Weekly. These changes are being made to address concerns expressed at a public hearing.

Subsections (4) and (5) of Rule 690-170.013, F.A.C., are revised to read:

(4) The following rules also apply to the specific rate/rule filing procedures:

- (a) Rule 690-170.014, F.A.C., (Homeowners);
- (b) Rule 690-175.003, F.A.C., (Private Passenger Auto);
- (c) Rule 690-170.0141, F.A.C., (Dwelling);
- (d) Rule 690-170.0142, F.A.C., (Commercial Residential/All Other Property and Casualty);

(5) The Office maintains voluntary checklists for insurers' information in properly complying with relevant statutes and rules. The completion of checklists does not preclude the Office from requiring additional information or further explanation of data. Filing checklists are for insurer information only.

Subsections (6), (7) and (8) of Rule 690-170.013, F.A.C., are renumbered (4), (5) and (6) and read as follows:

(4)(6)(a) All filings sent by U.S. Postal Service shall be addressed to: Property and Casualty Forms and Rates, Post Office Box 7700, Tallahassee, FL 32314-7700.

(b) For delivery other than U.S. Postal Service or hand delivery, filings shall be addressed to: Bureau of Property and Casualty Forms and Rates, Room 233-A, Larson Building, 200 East Gaines Street, Tallahassee, FL 32399-0330.

(e) Subsequent to July 1, 2003, All filings shall be submitted electronically to <https://portal.fldfs.com>, the industry portal to the Office's I-File System, as adopted in Rule 690-170.0155, F.A.C. or by computer diskette meeting the compatibility requirements mandated by Section 624.424(1)(e), F.S. Deadlines for filing will not be extended due to shipping delays, format incompatibility, data corruption, or any other impediment which results from an election to file by diskette.

(b) A filing shall be considered received by the Office on business days between the hours of 8:00 a.m. and 5:00 p.m. eastern time. Filings received after 5:00 p.m. shall be considered to be received the next business day.

(5)(a) A rate filing shall contain documentation demonstrating that the proposed rates meet the standards and conditions of Sections 627.062 or 627.0651, F.S., as applicable.

(b) It is the responsibility of the insurer to ensure that the filing contains all the information and documentation the insurer wants considered that supports the rate requested.

(c) A rate filing shall contain information and documentation sufficient for an actuary practicing in the same field to evaluate the work.

(d) Any submission that does not contain the information and documentation required by subsection (3) above, or for which required filing forms have not been completed in their entirety, will result in the Office's issuance of a Notice of Intent to disapprove.

(6)(a) The Office may request additional information or clarification to evaluate the filing for compliance with applicable statutory provisions.

(b) To allow the Office sufficient time to perform a proper review, the insurer shall submit by a date certain stated in a clarification letter any required additional information, explanation of data, or justification of assumptions.

(c) Unless the date is extended by the Office, failure to adequately address the issues by the date stated in the clarification letter may result in a notice of intent to disapprove the filing by the Office.

The remainder of the reads as previously published.

ST	DATE	ACTION	AGENCY	CITATION
FL	12/9/2005	Proposed	Financial Services Commission	69O-167
Residential Property Insurance Checklists and Disclosures				

NUMBER OF HITS 3 ▶

Proposed Rules

◀ 69O ▶ - ◀ 167 ▶ . ◀ 013 ▶ Residential Property Insurance Checklists and Disclosures.

(1) A basic homeowners', mobile homeowners', dwelling, or condominium unit owners' policy may not be delivered or issued for delivery in this state unless a comprehensive checklist of coverage on a form adopted by the commission and an appropriate outline of coverage have been delivered prior to issuance of the policy or accompanies the policy when issued. The commission hereby adopts Form OIR-B1-1670, "Checklist of Coverage" (New 01/01/06), which is incorporated herein by reference. This form is available on the Office's website at www.floir.com/HotTopics-Other.htm.

(2) The term "prominently displayed" as used in Section 627.701, F.S., means that printed matter is of bold type no less than 12 point type and is of greater size than the surrounding text.

Specific Authority 624.308(1), 627.4143 F.S. Law Implemented 627.4143, 627.701 F.S. History-New

Register Source:FAW, Vol. 31, No. 49, 12/09/2005, pages 4667 - 4668

Checklist of Coverage

Policy Type: _____

(Indicate: Homeowner's, Condominium Unit Owner's, Tenant's, Dwelling, or Mobile Home Owner's)

The following checklist is for informational purposes only. Florida law prohibits this checklist from changing any of the provisions of the insurance contract which is the subject of this checklist. Any endorsement regarding changes in types of coverage, exclusions, limitations, reductions, deductibles, coinsurance, renewal provisions, cancellation provisions, surcharges, or credits will be sent separately.

Reviewing this checklist together with your policy can help you gain a better understanding of your policy's actual coverages and limitations, and may even generate questions. By addressing any questions now, you will be more prepared later in the event of a claim. Experience has shown that many questions tend to arise regarding the coverage of attached or detached screened pool enclosures, screened porches, and other types of enclosures. Likewise, if your policy insures a condominium unit, questions may arise regarding the coverage of certain items, such as individual heating and air conditioning units; individual water heaters; floor, wall, and ceiling coverings; built-in cabinets and counter tops; appliances; window treatments and hardware; and electrical fixtures. A clear understanding of your policy's coverages and limitations will reduce confusion that may arise during claims settlement.

Please refer to the policy for details and any exceptions to the coverages listed in this checklist. All coverages are subject to the provisions and conditions of the policy and any endorsements. If you have questions regarding your policy, please contact your agent or company. Consumer assistance is available from the Department of Financial Services, Division of Consumer Services' Helpline at (800) 342-2762 or www.flds.com.

This form was adopted by the Florida Financial Services Commission.

Dwelling Structure Coverage (Place of Residence)	
Limit of Insurance: \$ _____	Loss Settlement Basis: _____ (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)
Other Structures Coverage (Detached from Dwelling)	
Limit of Insurance: \$ _____	Loss Settlement Basis: _____ (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)
Personal Property Coverage	
Limit of Insurance: \$ _____	Loss Settlement Basis: _____ (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)
Deductibles	
Annual Hurricane: _____	All Perils (Other Than Hurricane): _____

Checklist of Coverage (continued)

The above Limit of Insurance, Deductibles, and Loss Settlement Basis apply to the following perils insured against:
 (Items below marked **Y (Yes)** indicate coverage IS included, those marked **N (No)** indicate coverage is NOT included)

	Fire or Lightning
	Hurricane
	Flood (Including storm surge)
	Windstorm or Hail (other than hurricane)
	Explosion
	Riot or Civil Commotion
	Aircraft
	Vehicles
	Smoke
	Vandalism or Malicious Mischief
	Theft
	Falling Objects
	Weight of Ice, Snow or Sleet
	Accidental Discharge or Overflow of Water or Steam
	Sudden and Accidental Tearing Apart, Cracking , Burning or Bulging
	Freezing
	Sudden and Accidental Damage from Artificially Generated Electrical Current
	Volcanic Eruption
	Sinkhole
	Any Other Peril Not Specifically Excluded (dwelling and other structures only)

Special limits and loss settlement exceptions may apply to certain items. Refer to your policy for details.

Loss of Use Coverage		
Coverage	Limit of Insurance	Time Limit
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)		
Additional Living Expense		
Fair Rental Value		
Civil Authority Prohibits Use		

Property - Additional/Other Coverages			
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)	Limit of Insurance	Amount of insurance is an additional amount of coverage or is included within the policy limit.	
		Included	Additional
Debris Removal			
Reasonable Repairs			
Property Removed			
Credit Card, Electronic Fund Transfer Card, or Access Device, Forgery and Counterfeit Money			
Loss Assessment			
Collapse			
Glass or Safety Glazing Material			
Landlord's Furnishings			
Law and Ordinance			
Grave Markers			
Mold / Fungi			

Checklist of Coverage (continued)

Discounts	
(Items below marked Y (Yes) indicate discount IS applied, those marked N (No) indicate discount is NOT applied)	Dollar (\$) Amount of Discount
Multiple Policy	
Fire Alarm / Smoke Alarm / Burglar Alarm	
Sprinkler	
Windstorm Loss Reduction	
Building Code Effectiveness Grading Schedule	
Other	

Insurer May Insert Any Other Property Coverage Below		
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)	Limit of Insurance	Loss Settlement Basis: (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)

Personal Liability Coverage
Limit of Insurance: \$ _____

Medical Payments to Others Coverage
Limit of Insurance: \$ _____

Liability - Additional/Other Coverages			
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)	Limit of Insurance	Amount of insurance is an additional amount of coverage or is included within the policy limit.	
		Included	Additional
Claim Expenses			
First Aid Expenses			
Damage to Property of Others			
Loss Assessment			

Insurer May Insert Any Other Liability Coverage Below	
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)	Limit of Insurance