

Florida Office of Insurance Regulation

General Emergency Assessment Reporting (GEAR)

Data Collection Form Number: OIR-DO-1688, (rev. 10/2007)

If you have any questions during your submission process, please contact
QuarterlyAssessmentsReporting@fldfs.com

Overview

Section 624.307, FS, establishes the authority of the Office of Insurance Regulation (Office) to “collect, propose, publish, and disseminate information relating to the subject matter of any duties imposed upon it by law.”

Each submission must be made on an individual basis. Combined or consolidated reports will not be accepted.

Rule 690-137.013, FAC, implements the collection of the data required by this form utilizing the Office’s Industry Portal (IPortal). The Office developed the IPortal as an online data reporting mechanism through which required reporting entities are to submit form OIR-DO-1688. The IPortal is located at <https://iportal.fldfs.com/iframe/default.asp>. On that web page, select "Data Reporting", then "General Emergency Assessment Reporting". Follow the instructions contained in the IPortal to complete your submission.

Data is required to be reported each quarter through the IPortal. The due dates are as follows:

1st Quarter: No later than May 15

2nd Quarter: No later than August 15

3rd Quarter: No later than November 15

4th Quarter: No later than March 1 of the following year.

Required Filers and General Reporting Definitions

All Authorized Insurers as defined in Section 624.09(1), Florida Statutes, and residual market entities created pursuant to Section 627.351, Florida Statutes, are required to file a report. Authorized Insurers include all Property and Casualty Insurers holding a valid Certificate of Authority regardless of whether the Certificate of Authority was issued prior to or during and effective Assessment Period. The reportable lines of business are:

01	Fire	19.1	Private Passenger Auto No-Fault
02.1	Allied Lines	19.2	Other Private Passenger Auto Liability
02.2	Multiple Peril Crop	19.3	Commercial Auto No-Fault
03	Farmowners Multiple Peril	19.4	Other Commercial Auto Liability
04	Homeowners Multiple Peril	21.1	Private Passenger Auto Physical Damage
05.1	Commercial Multiple Peril (non-liability)	21.2	Commercial Auto Physical Damage
05.2	Commercial Multiple Peril (liability)	22	Aircraft (all perils)
06	Mortgage Guaranty	23	Fidelity
08	Ocean Marine	24	Surety
09	Inland Marine	26	Burglary and Theft
10	Financial Guaranty	27	Boiler and Machinery
12	Earthquake	28	Credit
17	Other Liability	33	Aggregate Write Ins for Other Lines of Insurance
18	Products Liability		

The lines of business specified above are to be consistent with the general definitions provided by the National Association of Insurance Commissioners (NAIC) for the current property and casualty annual statement financial reporting blank, specifically the Exhibit of Premiums and Losses.

Data Elements

When prompted in the GEAR reporting module of the IPortal to “Select Data Reporting”:

“Data filing” means reporting entity has Direct Written Premiums in one or more reportable lines of business for the Quarter.

“No data filing” means the reporting entity has no Direct Written Premiums in any reportable line of business for the Quarter.

All numeric values are to be whole numbers on the reporting form. Required fields must contain data.

GENERAL EMERGENCY ASSESSMENT REPORT

If you need any assistance during the filing process, please contact the Office at:

QuarterlyAssessmentsReporting@fldfs.com



*Florida Hurricane Catastrophe Fund Emergency Assessment Reporting
Citizens Property Insurance Corporation Emergency Assessment Reporting
For additional information about these emergency assessments,
please refer to the Office's website at
<http://www.floir.com/Hurricanes/FHCF.htm>
<http://www.floir.com/CitizensEmergencyAssessment.htm>*

In General...

Each report submission must be made on an individual basis. Combined or consolidated reports will not be accepted. Companies submitting a combined or consolidated report may be subject to the administrative actions detailed in Rule 690-137.013, Florida Administrative Code.

Florida Hurricane Catastrophe Fund Emergency Assessment (FHCF): This assessment is applicable to all policies effective January 1, 2007. Endorsements and transactions occurring on policies issued prior to January 1, 2007 are not subject to this assessment.

Citizens Property Insurance Corporation Emergency Assessment (CITIZENS): This assessment is applicable to all policies issued or renewed beginning July 1, 2007. Endorsements and transactions occurring on policies issued prior to July 1, 2007 are not subject to this assessment.

Payments: All payments must be made before the Data Template is submitted. The transfer confirmation or approval tracking code is required in the Data Template.

Uncollected Assessments (FHCF Only): (a) For policyholders paying premium on installment plans, the billed assessment shall be deducted from the first payment received. The assessment is not to be pro-rated over the installment payment plan. (b) The uncollected assessment should be related to the direct premiums written for the quarter. If the premium has not yet been posted, the uncollected assessment for that policy/endorsement/transaction should not be included in this total. (c) For the assessment to be deemed uncollectible, the assessment should be billed to the policyholder, and the company has not received payment from the policyholder by the payment due date. This number should be based upon the company not receiving payment by the quarter-end date. (d) Pursuant to Section 215.555(6)(b)7, Florida Statutes, "an insurer is liable for all assessments that it collects, and must treat the failure of an insured to pay an assessment as a failure to pay the premium."

Data Definitions	
Financial Reporting Blank Line Number	Line Numbers are as used in the NAIC's Property and Casualty Annual Statement Instructions. Additional sub-lines created by the Office as necessary for this emergency assessment reporting appear on the Citizens_Q tab. Please contact the Office at QuarterlyAssessmentsReporting@fldfs.com if you need assistance.
Financial Reporting Blank Line of Business	Lines of Business are as defined in the NAIC's Property and Casualty Annual Statement Instructions. Additional sub-lines created by the Office as necessary for this emergency assessment reporting appear on the Citizens_Q tab. Please contact the Office at QuarterlyAssessmentsReporting@fldfs.com if you need assistance.
Direct Premiums Written by Assessable Line of Business for the Quarter	Direct premium written as defined in the NAIC's Property and Casualty Annual Statement Instructions. Enter only those direct premiums written associated with the lines, and sublines (Citizens), of business listed for the reporting quarter of this submission. Note: On the Citizens_Q tab, this column is carried over from the FHCF_Q tab with the exception of the sublines.
Endorsement & Return Premium Associated with Policies Issued or Renewed prior to 1/1/07 (FHCF), and 7/1/07 (Citizens), for the Quarter	<p>Endorsements and other transactions occurring on policies issued or renewed prior to January 1, 2007 (FHCF), or July 7, 2007 (Citizens), are not subject to this emergency assessment. Therefore, please enter the total amount of the premiums reported in "Direct Premiums Written by Assessable Line of Business for the Quarter" associated with endorsement and other transactions occurring on policies issued or renewed prior to January 1, 2007 (FHCF), and July 7, 2007 (Citizens).</p> <p>Return premium guidance</p> <ul style="list-style-type: none"> • If the policy premium was assessed, a pro rata share of the collected assessment shall be returned with the unearned premium. • If the policy premium was not assessed due to the effective date of the policy, assessment monies shall not be returned to the policyholder. • If the billed assessment was not collected from the policyholder, the assessment due shall be withheld from any return premium.
Resulting Assessable Premiums by Assessable Line of Business for the Quarter	An automatic calculation of the difference between reported "Direct Premiums Written by Assessable Line of Business for the Quarter" and reported "Endorsement & Return Premium Associated with Policies Issued or Renewed prior to 1/1/07 (FHCF), and 7/1/07 (Citizens), for the Quarter", per line of business.
Total Assessable Premiums for the Quarter	An automatic calculation of the sum of the "Resulting Assessable Premiums by Assessable Line of Business for the Quarter".
Total Assessment Due for the Quarter	An automatic calculation of the "Total Assessable Premiums for the Quarter" multiplied by 1% (FHCF), and by 1.4% (Citizens).
Total Remittance for the Quarter	The amount remitted by the company for the selected reporting quarter. This must match the amount remitted to the appropriate receipt bank. (For Citizens, this is an automatic calculation of the sum of the "Total Remittance for the Quarter by Month" for the "First Month of Reporting Quarter", "Second Month of Reporting Quarter", and "Third Month of Reporting Quarter".)
Total Remittance for the Quarter by Month (Citizens_Q tab only)	The amount remitted by the company for the specified month. This must match the amount remitted to the appropriate receipt bank.
Date of Remittance	The actual date of remittance. If there is an approved reason for no payment, a previous overpayment for example, for the specified quarter or month, please enter first day of reporting quarter.
Remitter's Transfer Confirmation or Approval Tracking Code	The transfer confirmation or approval tracking code received upon the completion of the wire transfer or ACH transaction. If there is an approved reason for no payment, enter "Not Applicable" in this cell.
Explanation of Discrepancy between Total Due and Actual Remitted (FHCF_Q tab only)	If there is a difference between the "Total Assessment Due for the Quarter" and the "Total Remittance for the Quarter", give a brief explanation here. For example: previous overpayment/underpayment, uncollected assessments (FHCF only), Florida Automobile Joint Underwriting Association (FAJUA) premium, etc. Also upload any additional supporting documentation as Supplemental Information to the filing.

Pre-Submission Validation Checks

Please note: Computerized validations of your entered data are performed at the time you submit your Emergency Assessment reports. These validations are done “behind the scenes” by the Office’s computer systems. The Industry Portal will notify you by email if you have missed a required cell or made a similar type of data entry error on the data template. At the same time your email notification is sent, your data template is returned to your Industry Portal workbench so that corrections can be made. The error-notification email displays the row and column designations as they appear on the data template.

To facilitate the Office's prompt receipt of your Emergency Assessment reports, please review your data template carefully prior to submission. All validation check indicators must read "TRUE" for a successful submission.

If you need additional assistance with the corrections, please contact the Office via email at: QuarterlyAssessmentsReporting@fldfs.com

Total Remittance for the Quarter	Amount Remitted must be provided. (FHCF_Q tab only)
Total Remittance for the Quarter by Month	Amount Remitted must be provided for the "First Month of Reporting Quarter", "Second Month of Reporting Quarter", and "Third Month of Reporting Quarter". (Citizens_Q tab only)
Date of Remittance	Date of Remittance must be provided. If F2 = 0, enter first day of reporting quarter.
Remitter's Transfer Confirmation or Approval Tracking Code	Remitter's Tracking Code must be provided. If F2=0, please enter "Not Applicable."
Explanation of Discrepancy between Total Due and Actual Remitted	This occurs on the FHCF_Q tab only. If the calculated assessment matches the amount you paid, please leave cell C5 blank. If the two amounts are different, please provide an explanation. The data entry field is limited to 255 characters. Therefore, if you need more space, please feel free to upload an additional document using the "Supplementary Information" function of your Industry Portal Component List.
Line 21.1 Private passenger auto physical damage (Mobile Home Premiums Only)	This subline validation occurs on the Citizens_Q tab only. The amount entered in this field may not exceed the amount you entered in the FHCF_Q tab, line 21.1.
Line 33 Aggregate write-ins (Mobile Home Premiums Only)	This subline validation occurs on the Citizens_Q tab only. The amount entered in this field may not exceed the amount you entered in the FHCF_Q tab, line 33.

Florida Hurricane Catastrophe Fund (FHCF) Emergency Assessment Implemented by Emergency Order 86203-06		Total Assessable Premiums for the Quarter (auto-calculated)	Total Assessment Due for the Quarter (auto-calculated at 1% of D2)	Total Remittance for the Quarter	Date of Remittance If F2 = 0, enter first day of reporting quarter.	Remitter's Transfer Confirmation or Approval Tracking Code If F2=0, enter "not applicable."
		0	0			
Pre-Submission Validations		Amount Remitted must be provided.		Date of Remittance must be provided.		Remitter's Tracking Code must be provided.
Explanation of Discrepancy between Total Due and Actual Remitted						
Pre-Submission Validation	TRUE					
Financial Reporting Blank Line Number	Financial Reporting Blank Line of Business	Direct Premiums Written by Assessable Line of Business for the Quarter	Endorsement & Return Premium Associated with Policies Issued or Renewed prior to 01/01/2007 for the Quarter	Resulting Assessable Premiums by Assessable Line of Business for the Quarter		
1	Fire			0		
2.1	Allied lines			0		
2.2	Multiple peril crop			0		
2.3	Federal flood			0		
3	Farmowners multiple peril			0		
4	Homeowners multiple peril			0		
5.1	Commercial multiple peril (non-liability portion)			0		
5.2	Commercial multiple peril (liability portion)			0		
6	Mortgage guaranty			0		
8	Ocean marine			0		
9	Inland marine			0		
10	Financial guaranty			0		
11	Medical malpractice			0		
12	Earthquake			0		
13	Group accident and health			0		
14	Credit A&H (group and individual)			0		
15.1	Collectively renewable A&H			0		
15.2	Non-cancelable A&H			0		
15.3	Guaranteed renewable A&H			0		
15.4	Non-renewable for stated reasons only			0		
15.5	Other accident only			0		
15.6	All other A&H			0		
15.7	Federal employees health benefits program premium			0		
16	Workers' compensation			0		
17	Other liability			0		
18	Products liability			0		
19.1	Private passenger auto no-fault (personal injury)			0		
19.2	Other private passenger auto liability			0		
19.3	Commercial auto no-fault (personal injury protection)			0		
19.4	Other commercial auto liability			0		
21.1	Private passenger auto physical damage			0		
21.2	Commercial auto physical damage			0		
22	Aircraft (all perils)			0		
23	Fidelity			0		
24	Surety			0		
26	Burglary and theft			0		
27	Boiler and machinery			0		
28	Credit			0		
33	Aggregate write-ins for other lines of business			0		

Citizens Property Insurance Corporation Emergency Assessment Implemented by Emergency Order 87822-06		Total Assessable Premiums for the Quarter (auto-calculated)	Total Assessment Due for the Quarter (auto-calculated at 1.4% of C2)	Total Remittance for Quarter	Total Remittance for the Quarter by Month		Date of Remittance If E2 = 0, enter first day of reporting quarter.	Remitter's Transfer Confirmation or Approval Tracking Code If E2=0, enter "not applicable."
		0	0	0	First Month of Reporting Quarter			
					Second Month of Reporting Quarter			
					Third Month of Reporting Quarter			
Explanation of Discrepancy between Total Due and Actual Remitted								
Financial Reporting Blank Line Number	Financial Reporting Blank Line of Business	Direct Premiums Written by Assessable Line of Business for the Quarter	Endorsement & Return Premium Associated with Policies Issued or Renewed prior to 07/01/2007 for the Quarter	Resulting Assessable Premiums by Assessable Line of Business for the Quarter	Pre-Submission Validations			
					Cell C5	TRUE		
					Cell G2	Amount Remitted must be provided.		
					Cell G3	Amount Remitted must be provided.		
Line 1	Fire <i>(carries forward from FHCF_Q tab)</i>	0		0	Cell G4	Amount Remitted must be provided.		
Line 2.1	Allied Lines <i>(carries forward from FHCF_Q tab)</i>	0		0	Cell H2	Date of Remittance must be provided.		
Line 3	Farmowners Multi-Peril <i>(carries forward from FHCF_Q tab)</i>	0		0	Cell H3	Date of Remittance must be provided.		
Line 4	Homeowners Multi-Peril <i>(carries forward from FHCF_Q tab)</i>	0		0	Cell H4	Date of Remittance must be provided.		
Line 5.1	Commercial Multi-Peril (non-liability portion) <i>(carries forward from FHCF_Q tab)</i>	0		0	Cell I5	Remitter's Tracking Code must be provided.		
Line 5.2	Commercial Multi-Peril (liability portion) <i>(carries forward from FHCF_Q tab)</i>	0		0	Cell I6	Remitter's Tracking Code must be provided.		
Line 12	Earthquake Premiums <i>(carries forward from FHCF_Q tab)</i>	0		0	Cell I7	Remitter's Tracking Code must be provided.		
Line 21.1	Private passenger auto physical damage <i>(Mobile Home Premiums Only)</i>			0	Cell C13	TRUE		
Line 33	Aggregate write-ins <i>(Mobile Home Premiums Only)</i>			0	Cell C14	TRUE		

IPortal Originator Data

(This required information is electronically gathered within the IPortal. Therefore, you may choose to use the “click here” and “copy” functions to use your account information or previous contact information.)

IPortal Filing Originator Information		IPortal Company Contact Information	
Company E-Mail		Company E-Mail	
*Contact Name		*Contact Name	
Contact Title		Contact Title	
Professional Designation		Professional Designation	
*Contact E-mail		*Contact E-mail	
*Street Address		*Street Address	
Suite/Room #		Suite/Room #	
P.O. Box Mailing Address		P.O. Box Mailing Address	
Department		Department	
*City		*City	
*State		*State	
*Zip Code		*Zip Code	
Country		Country	
Non US Postal Code		Non US Postal Code	
*Phone Number and Extension		*Phone Number and Extension	
Fax Number		Fax Number	
Toll Free Number and Extension		Toll Free Number and Extension	
Non US Phone Number		Non US Phone Number	

Data Submission Validation Process

Computerized Validations:

There are two stages of data validation performed on your data template before it can be received by the Office.

The first of these are built into the data template itself. As you navigate the template, you will be given various “Validation Assistance” alerts. For example, you will receive an alert if the “Total Remittance for the Quarter” cell is blank that reads: “Amount Remitted must be provided”.

The second stage of computerized validations is performed at the time you submit your data template. These validations are performed “behind the scenes” by the Office’s computer system. These checks notify you by email if you have missed a required cell or made a similar type of data entry error on the data template. At the time your email notification is sent, your data template is returned to your Industry Portal workbench area so that corrections can be made. If you feel you need assistance with the corrections, please contact the Office via email at:

QuarterlyAssessmentsReporting@fldfs.com.

Reviewer Validations:

Once your data submission reaches the Office, a staff member rechecks your data for reasonability. This can include comparing your submitted data to other sources such as financial statements and previous data submissions received from your company.

If the reviewer has a question or needs clarification, he/she will contact you by email or phone. This clarification letter will reference the “file log number” assigned to your data submission by the Office. This tracking number will be used on all communication from the Office about your data.

Once the review of your data submission is complete, you will receive a final disposition letter by email which closes your data submission filing. The final disposition letter may include:

1. **FILING NOT REQUIRED:** This means the company is not required to report this data. No further action will be needed on your part.
2. **SUBMISSION ERROR:** This means the submission does not meet the filing standards for this specific reporting requirement. Depending on the type of error your submission contained, you may or may not need to resubmit your data under another Office tracking number.

3. **EXEMPT:** This final disposition means the submission of “NO DATA” meets the reporting requirement for this reporting period. No further action will be needed on your part for the reporting period covered by your data submission. Please note: Receiving an exemption letter for this quarter does not exempt data filings in the future. In most cases, the company will need to continue to file each reporting period.
4. **WITHDRAWN:** This means the company requested its submission under the assigned file log number to be closed by the Office. In most cases, this is done so that you can “start from scratch” and re-file the data under a new file log number.
5. **ACCEPTED:** A final disposition letter of acceptance means that the reviewer has completed his/her reasonability checks and the data submission is valid. No further action is required at this time.
6. **REFERRED:** This type of letter means that based on the data submitted and any additional information provided, the data submission will be referred to the Office’s Market Investigation Unit for additional follow up.

Useful Florida Statutes and Administrative Rules

Section 20.121(3)(a)1 The Office of Insurance Regulation, which shall be responsible for all activities concerning insurers and other risk bearing entities, including licensing, rates, policy forms, market conduct, claims, issuance of certificates of authority, solvency, viatical settlements, premium financing, and administrative supervision, as provided under the insurance code or chapter 636. The head of the Office of Insurance Regulation is the Director of the Office of Insurance Regulation, who may also be known as the Commissioner of Insurance Regulation.

Section 20.121(3)(c) Commission members shall serve as the agency head for purposes of rulemaking under ss. 120.536-120.565 by the commission and all subunits of the commission. Each director is agency head for purposes of final agency action under chapter 120 for all areas within the regulatory authority delegated to the director's office.

Section 120.536(1) A grant of rulemaking authority is necessary but not sufficient to allow an agency to adopt a rule; a specific law to be implemented is also required. An agency may adopt only rules that implement or interpret the specific powers and duties granted by the enabling statute. No agency shall have authority to adopt a rule only because it is reasonably related to the purpose of the enabling legislation and is not arbitrary and capricious or is within the agency's class of powers and duties, nor shall an agency have the authority to implement statutory provisions setting forth general legislative intent or policy. Statutory language granting rulemaking authority or generally describing the powers and functions of an agency shall be construed to extend no further than implementing or interpreting the specific powers and duties conferred by the same statute.

Section 215.555(6)(b)

1. If the board determines that the amount of revenue produced under subsection (5) is insufficient to fund the obligations, costs, and expenses of the fund and the corporation, including repayment of revenue bonds and that portion of the debt service coverage not met by reimbursement premiums, the board shall direct the Office of Insurance Regulation to levy, by order, an emergency assessment on direct premiums for all property and casualty lines of business in this state, including property and casualty business of surplus lines insurers regulated under part VIII of chapter 626, but not including any workers' compensation premiums or medical malpractice premiums. As used in this subsection, the term "property and casualty business" includes all lines of business identified on Form 2, Exhibit of Premiums and Losses, in the annual statement required of authorized insurers by s. 624.424 and any rule adopted under this section, except for those lines identified as accident and health insurance and except for policies written under the National Flood Insurance Program. The assessment shall be specified as a percentage of direct written premium and is subject to annual adjustments by the board in order to meet debt obligations. The same percentage shall apply to all policies in lines of business subject to the assessment issued or renewed during the 12-month period beginning on the effective date of the assessment.
2. A premium is not subject to an annual assessment under this paragraph in excess of 6 percent of premium with respect to obligations arising out of losses attributable to any one contract year, and a premium is not subject to an aggregate annual assessment under this paragraph in excess of 10 percent of premium. An annual assessment under this paragraph shall continue as long as the revenue bonds issued with respect to which the assessment was imposed are outstanding, including any bonds the proceeds of which were used to refund the revenue bonds, unless adequate provision has been made for the payment of the bonds under the documents authorizing issuance of the bonds.
3. Emergency assessments shall be collected from policyholders. Emergency assessments shall be remitted by insurers as a percentage of direct written premium for the preceding calendar quarter as specified in the order from the Office of Insurance Regulation. The office shall verify the accurate and timely collection and remittance of emergency assessments and shall report the information to the board in a form and at a time specified by the board. Each insurer collecting assessments shall provide the information with respect to premiums and collections as may be required by the office to enable the office to monitor and verify compliance with this paragraph.
4. With respect to assessments of surplus lines premiums, each surplus lines agent shall collect the assessment at the same time as the agent collects the surplus lines tax required by s. 626.932, and the surplus lines agent shall remit the assessment to the Florida Surplus Lines Service Office created by s. 626.921 at the same time as the agent remits the surplus lines tax to the Florida Surplus Lines Service Office. The emergency assessment on each insured procuring coverage and filing under s. 626.938 shall be remitted by the insured to the Florida Surplus Lines Service Office at the time the insured pays the surplus lines tax to the Florida Surplus Lines Service Office. The Florida Surplus Lines Service Office shall remit the collected assessments to the fund or corporation as provided in the order levied by the Office of Insurance Regulation. The Florida Surplus Lines Service Office shall verify the proper application of such emergency assessments and shall assist the board in ensuring the accurate and timely collection and remittance of assessments as required by the board. The Florida Surplus Lines Service Office shall annually calculate the aggregate written premium on property and casualty business, other than workers' compensation and medical malpractice, procured through surplus lines agents and insureds procuring coverage and filing under s. 626.938 and shall report the information to the board in a form and at a time specified by the board.
5. Any assessment authority not used for a particular contract year may be used for a subsequent contract year. If, for a subsequent contract year, the board determines that the amount of revenue produced under subsection (5) is insufficient to fund the obligations, costs, and expenses of the fund and the corporation, including repayment of revenue bonds and that portion of the debt service coverage not met by reimbursement premiums, the board shall direct the Office of Insurance Regulation to levy an emergency assessment up to an amount not exceeding the amount of unused assessment authority from a previous contract year or years, plus an additional 4 percent provided that the assessments in the aggregate do not exceed the limits specified in subparagraph 2.
6. The assessments otherwise payable to the corporation under this paragraph shall be paid to the fund unless and until the Office of Insurance Regulation and the Florida Surplus Lines Service Office have received from the corporation and the fund a notice, which shall be conclusive and

upon which they may rely without further inquiry, that the corporation has issued bonds and the fund has no agreements in effect with local governments under paragraph (c). On or after the date of the notice and until the date the corporation has no bonds outstanding, the fund shall have no rights, title, or interest in or to the assessments, except as provided in the fund's agreement with the corporation.

7. Emergency assessments are not premium and are not subject to the premium tax, to the surplus lines tax, to any fees, or to any commissions. An insurer is liable for all assessments that it collects and must treat the failure of an insured to pay an assessment as a failure to pay the premium. An insurer is not liable for uncollectible assessments.
8. When an insurer is required to return an unearned premium, it shall also return any collected assessment attributable to the unearned premium. A credit adjustment to the collected assessment may be made by the insurer with regard to future remittances that are payable to the fund or corporation, but the insurer is not entitled to a refund.
9. When a surplus lines insured or an insured who has procured coverage and filed under s. 626.938 is entitled to the return of an unearned premium, the Florida Surplus Lines Service Office shall provide a credit or refund to the agent or such insured for the collected assessment attributable to the unearned premium prior to remitting the emergency assessment collected to the fund or corporation.
10. The exemption of medical malpractice insurance premiums from emergency assessments under this paragraph is repealed May 31, 2010, and medical malpractice insurance premiums shall be subject to emergency assessments attributable to loss events occurring in the contract years commencing on June 1, 2010.

Section 624.03 "Insurer" includes every person engaged as indemnitor, surety, or contractor in the business of entering into contracts of insurance or of annuity.

Section 624.09

- (1) An "authorized" insurer is one duly authorized by a subsisting certificate of authority issued by the office to transact insurance in this state.
- (2) An "unauthorized" insurer is one not so authorized.

Section 624.307

- (1) The department and office shall enforce the provisions of this code and shall execute the duties imposed upon them by this code, within the respective jurisdiction of each, as provided by law.
- (2) The department shall have the powers and authority expressly conferred upon it by, or reasonably implied from, the provisions of this code. The office shall have the powers and authority expressly conferred upon it by, or reasonably implied from, the provisions of this code.
- (3) The department or office may conduct such investigations of insurance matters, in addition to investigations expressly authorized, as it may deem proper to determine whether any person has violated any provision of this code within its respective regulatory jurisdiction or to secure information useful in the lawful administration of any such provision. The cost of such investigations shall be borne by the state.
- (4) The department and office may each collect, propose, publish, and disseminate information relating to the subject matter of any duties imposed upon it by law.
- (5) The department and office shall each have such additional powers and duties as may be provided by other laws of this state.

Section 624.308

- (1) The department and the commission may each adopt rules pursuant to ss. 120.536(1) and 120.54 to implement provisions of law conferring duties upon the department or the commission, respectively.
- (2) In addition to any other penalty provided, willful violation of any such rule shall subject the violator to such suspension or revocation of certificate of authority or license as may be applicable under this code as for violation of the provision as to which such rule relates.

Section 624.401

- (1) No person shall act as an insurer, and no insurer or its agents, attorneys, subscribers, or representatives shall directly or indirectly transact insurance, in this state except as authorized by a subsisting certificate of authority issued to the insurer by the office, except as to such transactions as are expressly otherwise provided for in this code.

Section 627.351(6)(b)3.d

Upon a determination by the board of governors that a deficit in an account exceeds the amount that will be recovered through regular assessments under sub-subparagraph a. or sub-subparagraph b., the board shall levy, after verification by the office, emergency assessments, for as many years as necessary to cover the deficits, to be collected by assessable insurers and the corporation and collected from assessable insureds upon issuance or renewal of policies for subject lines of business, excluding National Flood Insurance policies. The amount of the emergency assessment collected in a particular year shall be a uniform percentage of that year's direct written premium for subject lines of business and all accounts of the corporation, excluding National Flood Insurance Program policy premiums, as annually determined by the board and verified by the office. The office shall verify the arithmetic calculations involved in the board's determination within 30 days after receipt of the information on which the determination was based. Notwithstanding any other provision of law, the corporation and each assessable insurer that writes subject lines of business shall collect emergency assessments from its policyholders without such obligation being affected by any credit, limitation, exemption, or deferment. Emergency assessments levied by the corporation on assessable insureds shall be collected by the surplus lines agent at the time the surplus lines agent collects the surplus lines tax required by s. 626.932 and shall be paid to the Florida Surplus Lines Service Office at the time the surplus lines agent pays the surplus lines tax to the Florida Surplus Lines Service Office. The emergency assessments so collected shall be transferred directly to the corporation on a periodic basis as determined by the corporation and shall be held by the corporation solely in the applicable account. The aggregate amount of emergency assessments levied for an account under this sub-subparagraph in any calendar year may not exceed the greater of 10 percent of the amount needed to cover the original deficit, plus interest, fees, commissions, required reserves, and other costs associated with financing of the original deficit, or 10 percent of the aggregate statewide direct written premium for subject lines of business and for all accounts of the corporation for the prior year, plus interest, fees, commissions, required reserves, and other costs associated with financing the original deficit.

Rule 690-137.013

- (1)
 - (a) All Authorized Insurers as defined in Section 624.09(1), Florida Statutes, and residual market entities created pursuant to Section 627.351, Florida Statutes, shall report the information required by Form OIR-DO-1688, "General Emergency Assessment Reporting (GEAR)", providing premium data within this state. Authorized Insurers include all Property and Casualty Insurers holding a valid Certificate of Authority regardless of whether the Certificate of Authority was issued prior to or during and effective Emergency Assessment Period. The reporting shall be submitted with such frequency and for such areas as set forth in the Order activating this subsection and may be revised to reflect the phases of reporting necessary as set forth in form OIR-DO-1688. The reportable lines of business are:

01	Fire
02.1	Allied Lines
02.2	Multiple Peril Crop

03	Farmowners Multiple Peril
04	Homeowners Multiple Peril
05.1	Commercial Multiple Peril (non-liability)
05.2	Commercial Multiple Peril (liability)
06	Mortgage Guaranty
08	Ocean Marine
09	Inland Marine
10	Financial Guaranty
12	Earthquake
17	Other Liability
18	Products Liability
19.1	Private Passenger Auto No-Fault
19.2	Other Private Passenger Auto Liability
19.3	Commercial Auto No-Fault
19.4	Other Commercial Auto Liability
21.1	Private Passenger Auto Physical Damage
21.2	Commercial Auto Physical Damage
22	Aircraft (all perils)
23	Fidelity
24	Surety
26	Burglary and Theft
27	Boiler and Machinery
28	Credit
33	Aggregate Write Insurance for Other Lines of Insurance

The lines of business specified above are to be consistent with the general definitions provided by the National Association of Insurance Commissioners (NAIC) for the current property and casualty annual statement financial reporting blank, specifically the Exhibit of Premiums and Losses.

(b) The following form is hereby adopted and incorporated by reference:

1. OIR-DO-1688 (revised 10/2007) "General Emergency Assessment Reporting (GEAR)".
2. Copies of the form are available and may be printed from the Office's website: <http://www.floir.com/>.
3. All information shall be submitted electronically through <https://portal.fldfs.com>.