Volume XXI, Issue 1
March, 2024

FLORIDA INSURANCE REPORT

Legislative Issue

RADEY

KEEPING YOU INFORMED ABOUT FLORIDA

Election Year Brings Early Start (and Finish) to Legislative Session

Travis Miller

The Florida legislature meets in a 60-day regular session each year. The legislature seems to come and go more quickly in some years than others-more specifically, the session typically runs from early January through early March in even years (election years) and from March through May in other years. This year got off to a fast start with the session convening on January 9. On March 8, it ended just as quickly as it began. In this edition of the Florida Insurance Report, we cover some of the primary insurance bills that passed in the recently-concluded session. We also highlight a few that didn't survive the process— some proposals never gain significant attention and die in their original committee assignments. Others are debated throughout the session before falling by the wayside in the back-and-forth between the House and Senate as the session's end draws near.

This is an interesting time in the Florida market. Then again, when is the Florida market *not* interesting? After years of unprecedented, growing losses, the legislature took definitive steps in late 2022 to address abuses in Florida's property insurance market. There are early signs these reforms are making a difference, including OIR's approval of several new insurers and renewed interest in policy assumptions from Citizens Property Insurance Corporation. Still, it will take time before the full impact of the reforms is known. Meanwhile, reporting pressures in the industry continue to grow. The Florida legislature mandated that insurers move from reporting policy data quarterly at the county level to reporting monthly at the ZIP Code level. The Federal Insurance Office indicated it would be seeking climate-related information from insurers, only to then agree that the requests would be administered by the NAIC. Not to be outdone, the U.S. Senate Committee on the Budget requested information from many significant insurers, including Citizens. Let's hope the upcoming hurricane season is less active than 2024's early political season!

Revisions to Florida's Workers' Compensation Law

Bert Combs

Two bills (SB 362 and HB 989) revised reimbursement rates under Florida's Workers' Compensation Law in Chapter 440, Florida Statutes. Provisions were also added in HB 989 to provide specified benefits to firefighters. SB 808 authorizes specified benefits for firefighters, law enforcement officers, correctional officers, and correctional probation officers for certain conditions.

Increase to Maximum Reimbursement Allowances

Senate Bill 362 increases the maximum medical reimbursements for physicians and surgical procedures and the maximum fees for expert witnesses. The bill revises section 440.13(12), Florida Statutes, to increase the maximum reimbursement allowances (MRA) for physicians licensed under ch. 458, F.S., or ch. 459, F.S., from 110 percent to 175 percent of the reimbursement amount allowed by Medicare, and increases the MRA for surgical procedures from 140 percent to 210 percent of reimbursement amount allowed by Medicare.

Expert Medical Witness Fees

SB 362 also revises section 440.12 (10) in connection with expert medical witnesses. Current law limits the amount health care providers can be paid for expert testimony during depositions on a workers' compensation claim to $200 per hour, unless they only provided an expert medical opinion following a medical record review or provided direct personal services unrelated to the case in dispute, in which case they are limited to a maximum of $200 per day. SB 362 increases the maximum hourly amount allowed for expert witnesses to $300 per hour. If an expert witness is subject to the daily rate, the maximum amount allowed is increased to $300 per day.

Reimbursement for Emergency Services and Care

HB 989 revises the reimbursement amounts for emergency services and care by adding a new subparagraph to section 440.13(12)(d), Florida Statutes. The bill provides for reimbursement for emergency services and care provided when a maximum reimbursement allowance (MRA) is not available. In such a case, the maximum allowance must be at 250 percent of the Medicare rate, unless there is a contract, in which case the contract governs reimbursement. The bill requires the Department of Financial Services to engage an actuarial services firm to begin development of maximum reimbursement provisions contained within this section. This new subparagraph expires June 30, 2026.

Firefighter Benefits

HB 989 also revises section 112.1816, Florida Statutes, and clarifies that the benefit package that a firefighter diagnosed with cancer meeting certain criteria may elect, as an alternative to workers' compensation, includes "leave time and job retention benefits equivalent to those provided for other injuries or illnesses incurred in the line of duty."

First Responder Benefits

SB 808 revises section 112.18 to authorize firefighters, law enforcement officers, correctional officers, and correctional probation officers to receive medical treatment for a compensable presumptive condition by his or her selected medical specialist. Under the bill, compensable presumptive conditions include tuberculosis, heart disease, or hypertension.

If approved by the Governor, or allowed to become law without the Governor's signature, the provisions in SB 362 take effect January 1, 2025. The provision in HB 989 will take effect upon becoming law. The provision in SB 808 will take effect October 1, 2024 if that bill becomes law.

Legislature Allows Limited Residual Market Take-Outs by Surplus Lines Insurers

Travis Miller

Policymakers have expressed concern in recent years with Citizens Property Insurance Corporation's significant growth in policy count. As recently as this week, Governor Ron DeSantis referred to Citizens' being "insolvent" as a way of underscoring that significant losses could result in assessments being levied on all Floridians.

In prior sessions, the Florida legislature has considered proposals that would allow surplus lines insurers to write policies currently in Citizens. Those proposals ultimately failed as lawmakers chose to not expand the opportunity to non-admitted insurers. This changed in 2024, however, as the legislature opened the door for surplus lines insurers to write policies currently in Citizens on a limited basis.

The opportunity is afforded to a surplus lines insurer having a financial strength rating of A- or higher from A.M. Best. The insurer must submit a take-out plan to the Florida Office of Insurance Regulation for review and approval. The insurer further cannot offer coverage on any personal residential risk that is a "primary residence" or that has a homestead exemption in effect. A participating surplus lines insurer also must file its proposed rates with OIR, and OIR must determine whether the premiums will be within 20% of Citizens' premiums for comparable coverage. A risk will not be eligible to remain in Citizens if it receives a take-out offer at a premium that is no more than 20% greater than Citizens' premium.

Insurance From Risk Retention Meets Florida Auto Financial Responsibility Law

Bert Combs

The Legislature passed House Bill 215 making auto insurance issued by certain risk retention groups domesticated in another state sufficient to meet Florida's auto financial responsibility requirement. The bill provides that motor vehicle liability insurance coverage issued by a RRG certificated or licensed in states other than Florida which conducts business in this state pursuant to section 627.944, Florida Statutes, satisfies the financial responsibility requirements of Florida's state motor vehicle law. The bill does not apply to RRGs domesticated in Florida and operating pursuant to section 627.943, Florida Statutes. The Governor is expected to sign the bill and if it becomes law RRGs domesticated in states other than Florida, will no longer have to use a fronting company to issue auto insurance to its members.

Case Law Round-Up

Karen Asher-Cohen

In ***American Coastal Insurance Company v. San Marco Villas Condominium Association, Inc.***, Case No. SC2021-0883 (Fla. 2024), the Florida Supreme Court answered in the affirmative as to the question of whether a trial court could order an appraisal of the policyholder's loss prior to the resolution of all the pending coverage issues. In doing so, the Court affirmed the lower Second DCA's ruling. When making its ruling, the Second DCA had certified the question to the Supreme Court due to a direct conflict with three prior rulings by the Fourth DCA in 2010 and 2014.

This case resulted from a commercial residential policy issued by American Coastal to San Marco, whose buildings were then damaged in Hurricane Irma. In response to San Marco's claim, American Coastal paid $192,629.75 (including depreciation and deductibles). However, San Marco's damage estimate was greater than $8 million. San Marco demanded an appraisal, which American Coastal denied as premature. There was no question that the peril was covered by the policy or that San Marco had a right to an appraisal under its policy. The question was whether a court could order an appraisal before the parties (or a court) had resolved the coverage issues.

While the insurance policy did not address the timing issue, it did include a retained-rights provision. "Thus, in light of the retained-rights provision and absent policy language controlling the issue of timing, [the Court held] that a trial court has discretion in determining the order in which coverage and amount-of-loss issues are resolved." However, the Court added that this ruling should not be viewed to mean that appraisals will be required in all first-party insurance disputes. "Under the terms of American Coastal's policy, the contracted-for right to appraisal is triggered when there is a dispute as to the amount of loss. All other disputes – including those involving coverage or legal matters – are beyond the scope of appraisal and must be decided in court."

Therefore, based on this decision, carriers should consider the wording in their policies as to whether they want to mandate that coverage disputes must be resolved before the right to an appraisal can be invoked.

In ***Cingari v. First Protective Insurance Company***, Case No. 4D2022-2376 (Fla. 4th DCA 2024), the Fourth DCA reversed the lower circuit court and allowed a bad faith action to move forward, even though the insurer had paid the policy limits and later contended that the loss was not covered under the policy. Cingari filed a claim under her homeowner's policy for sinkhole damage in 2015. Unhappy with the amount of the payments made, Cingari filed suit and an umpire awarded her $304,620.35, which First Protective paid. In 2022, the circuit court granted summary judgment to First Protective and dismissed the plaintiff's bad faith lawsuit. First Protective claimed that it had "proceeded under an erroneous policy interpretation...and gratuitously paid the policy limits and appraisal award," because it did not learn until after paying the award that the loss was caused by a peril not covered by the policy.

On appeal, the Fourth DCA held that First Protective's argument "certainly raises an inference that the insurer did not properly investigate the claim," which the insurer was required to do. In doing so, the Court held that First Protective arguably violated the

Cont. at top of next page

Case Law Round-Up - Cont.

requirements of section 624.155(1)(b)1. and 2., F.S., the statutory first-party bad faith cause of action. The Court relied on the decision in *Fridman v. Safeco Insurance Co. of Illinois*, 185 So.3d 1214 (Fla. 2016), in allowing the bad faith action to proceed.

In ***Fernando Cantens and Ana Marie Cantens v. Certain Underwriters at Lloyd's London, etc.***, No. 3D22-0917 (Fla. 3d DCA 2024), the Third DCA has aligned itself with the Fourth DCA, and agreed with the opinion issued in *Cole v. Universal Property & Casualty Insurance Co.*, 363 So.3d 1089 (Fla. 4th DCA 2023), which "affirmed a dismissal for failure to provide presuit notice under section 627.70152(3) as to an action founded on a policy that became effective prior to enactment of the statute." In doing so, the Third DCA has certified the conflict between the two above-cited opinions with the opposite ruling by the Sixth DCA in *Hughes v. Universal Property & Casualty Insurance Co.*, 374 So.3d 900 (Fla. 6th DCA 2023).

Among other things, section 627.70152, F.S. (2021), requires a trial court to dismiss a claimant's action arising under a residential or commercial property insurance policy, without prejudice, when the plaintiff fails to provide to DFS the presuit notice of its intent to initiate litigation, at least 10 business days before filing suit. The issue is whether the requirements of this statute can be applied retroactively, *i.e.*, to a policy issued before the effective date of the statute, July 1, 2021. In determining whether a statute can be applied retroactively, the court considered a two-prong test: "(1) whether the statute itself expresses an intent that it apply retroactively; and, if so, (2) whether retroactive application is constitutional."

The Third DCA agreed with the Fourth DCA, which held that "the statute's application to 'all suits arising under a residential or commercial property insurance policy' amounted to an express statement of legislative intent to apply retroactively," and that the notice requirement was procedural, as opposed to substantive, in nature. The Court concluded: "because the presuit notice requirement of section 627.70152(3), taken in context, is procedural in nature, and applies to all policies, regardless of date of inception, the trial court correctly dismissed the action without prejudice pursuant to section 627.70152(5)."

In ***NBIS Construction & Transport Insurance Services, Inc. v. Liebherr-America, Inc.***, No. 22-14104 (11th Cir. 2024), the Eleventh Circuit has certified the following question to the Florida Supreme Court:

> Whether, under Florida law, the economic loss rule applies to negligence claims against a distributor of a product, stipulated to be non-defective, for the failure to alert a product owner of a known danger, when the only damages claimed are to the product itself?

In 2018, Liebherr delivered a massive construction crane it had built in Germany to Sims Crane & Equipment, in Tampa. After Sims employees set the crane, the boom it was holding collapsed, fatally injuring a worker from Georgia. The crane was also heavily damaged in the accident. NBIS, NationsBuilders Insurance, paid Sims Crane for the cost of the crane plus towing and salvage, and sold the damaged equipment. In NBIS' negligence suit against Liebherr, a Magistrate Judge at the Middle District of Florida presided over the trial and ultimately awarded NBIS with $1.7 million in damages, and rejected Liebherr-America's claim that Florida's economic loss rule shielded it from liability.

Cont. on Page 6

Case Law Update - Cont.

The Magistrate Judge held that the economic loss rule prevents "a tort claim against a product manufacturer when the product damages only itself." However, here, prior to trial, the parties stipulated that the product was not defective. Therefore, this was not a products liability case; rather, this was a negligence action and the economic loss rule did not apply.

In 2013, the Florida Supreme Court changed Florida law by limiting the economic loss rule to product liability cases only. *Tiara Condominium Assoc., Inc., etc. v. Marsh & McLennan Cos.*, 110 So.3d 399 (Fla. 2013) ("[T]he economic loss rule is a judicially created doctrine that sets forth the circumstances under which a tort action is prohibited if the only damages suffered are economic losses." *Id.* At 401.)

In this appeal, the Eleventh Circuit discussed at length the history and development of Florida's economic loss rule, its application to products liability cases, and the failure to warn theories in products liability law. The Court concluded that since "Florida's economic loss rule is a doctrine of the Florida Supreme Court's making, that court, not this one, should determine whether it applies in circumstances not already addressed in the case law."

Speed to Market for Insurance Product Filings

Bert Combs

Insurers have a variety of options when filing their product forms with the Office of Insurance Regulation (OIR). Some options result in the ability of insurers to get their insurance products or changes to those products to market more quickly than others. In addition, having local counsel like the Radey Law Firm review filings for compliance, or having us submit the filings or respond to OIR questions about a filing, can result in a quicker and more successful result.

Options for Submitting Product Filings

Many insurers submit their property and casualty or life and health filings pursuant to statutory provisions that require prior regulatory approval. There are statutory time frames by which those filings should be approved. However, often a variety of factors create delays, cause filings to be withdrawn or face disapproval requiring the resubmission of filings. This delay means products or changes to products cannot be provided to prospective or current policyholders. However, for certain lines of business, there is a more efficient way for insurers to get new or revised products to market.

The Expedited Process for Certain Property & Casualty Products

In 2013, the legislature created a "certification" process in section 627.4102, Florida Statutes, that allows insurers and their consultants to review any property and casualty product filings (except for workers' compensation and personal lines) for compliance with Florida laws and rules. After such review, the insurer can "certify" the product forms and submit them for "informational" purposes to OIR. That process allows OIR to receive the

Cont. at Top of Next Page

Speed to Market - Cont.

product form filings, confirm the filings contain the appropriate certification, and accept the filings so that insurers can begin using the product forms without needing to utilize the formal approval process. OIR generally accepts such certified filings in a matter of days instead of the usual lengthy prior approval process. This expedited process allows insurers to begin programming their policy systems and offering their products no later than 30 days from the date the filing is submitted to OIR.

Our Knowledge and Experience

Some insurers have not utilized the certification process or faced significant delays in obtaining regulatory approval for their insurance products. Others rely upon the Radey Law Firm and our knowledge and experience to review or file their products, or certify compliance in order to bring their products to market quickly. We are able to provide the analysis needed to submit or certify filings based on:

- Our knowledge of the express requirements of the Florida Insurance Code and rules promulgated by OIR;
- Our knowledge of OIR's informal interpretation of applicable statutes and rules;
- Over 25 years of reviewing, submitting, and responding to OIR's questions in connection with product form filings;
- Our review and analysis of approved, disapproved, and withdrawn filings at OIR and the clarification and disapproval letters from OIR going back more than 25 years; and
- Our review of thousands of product forms that have been certified pursuant to section 627.4102 as "in compliance with Florida laws and rules."

In sum, the Radey Law Firm's extensive knowledge and experience allows us to provide a variety of services and advice to insurers regardless of whether the insurer decides to seek prior approval of their product forms or the expedited "certification" process. These services include:

- Development of product forms for submission by insurers;
- Analysis of proposed or existing policy forms for compliance with existing or newly-enacted legislation;
- Filing of product forms with OIR on behalf of insurers;
- Responding to OIR clarification letters in pending filings submitted directly by insurers;
- Reviewing product forms for submission as "certified" filings pursuant to section 627.4102; and
- Formally or informally disputing adverse decisions by OIR regarding product filings.

Legislature Passes Short-Term Premium Tax Relief

Travis Miller

As the 2024 legislative session neared its close, the Florida legislature passed temporary premium tax relief on policies covering residential homestead property as part of House Bill 7073 (HB 7073). The bill will result in savings to consumers as the Florida property insurance market continues to adjust to reforms passed in late 2022 and early 2023.

The bill contains a new section 624.5108 to be added to the Florida Insurance Code alongside other provisions related to premium taxes and other assessments. The new statute specifies that an insurer must deduct from the "total amount charged for a policy covering residential property with a homestead exemption," an amount equal to 1.75 percent of the premium as defined in section 627.403, Florida Statutes. In simpler terms, the new law provides policyholders a premium reduction equal to the premium tax percentage.

The statute applies to policies with effective dates between October 1, 2024, and September 30, 2025. Insurers are required to identify the amount of the deduction on the declarations page.

To establish whether a property is a homestead property, the insurer must use the preliminary or final tax roll, whichever is more current, published by the Florida Department of Revenue on its website. The new statute allows a policyholder who does not receive the premium credit to apply for a refund upon demonstrating to his or her insurer that the property is homestead property.

For premium tax reporting purposes, insurers will continue to report the full policy premium prior to application of the new reduction. Insurers then will be able to take deductions for the full amount of the premium reductions against their premium taxes otherwise payable for 2024 and 2025. An insurer that is not able to fully use its credit in any one tax year may carry the unused portion of its credit forward for five years.

Insurers providing premium reductions under the new law will be required to identify with their quarterly and annual statement filings (i) the number of policies receiving premium reductions for the period covered by the report, and (ii) the dollar amount of reductions provided during the period.

Being Green?

Being environmentally aware is more mainstream than ever. And with that comes a desire to receive mail electronically and less clutter of paper.

For many years, we've offered the Florida Insurance Report electronically by email. If you've received a hard copy of this edition and would prefer to receive it by email in the future, please let us know by emailing Kendria Ellis at kellis@radeylaw.com. If there are others in your organization who would like to receive it, please let us know that as well as we'll be sure to add them.

Property Insurance Proposals that Did Not Pass

Travis Miller

Each year, more proposals fall by the wayside than actually pass. This remained true in 2024, as many proposals that received attention prior to or during the session did not survive. Some of the property insurance-related proposals that did not pass include:

- Requiring insurers to offer a policy with limits equal to the policyholder's unpaid mortgage balance
- Expanding restrictions in current law on an insurer's ability to cancel or nonrenew policies damaged as a result of declared emergencies, including flood damage
- Requiring insurers to develop and maintain plans for transferring data to FIGA
- Changing the insurance commissioner position to a statewide elected position
- Requiring all claims disputes to go through DFS mediation as a prerequisite to litigation
- Increasing the mandatory minimum surplus by $5 million every five years
- Increasing the minimum loss assessment coverage limit to $5,000
- Requiring Citizens to offer windstorm coverage on any residential structure in Florida
- Fixing the FHCF retention at $8.5 billion
- Reinstating the RAP program

Legislature Increases Frequency and Detail of QUASR Reporting

Travis Miller

Will the reporting system we've known for decades as "QUASR" get a new name? After all, the name is shorthand for the quarterly supplemental reporting requirement by which insurers have provided information, on a quarterly basis and at the county level, about the number of policies they have written, canceled and nonrenewed. However, in the recently concluded legislative session, the Florida Legislature amended section 624.424(10) such that beginning January 1, 2025, insurers will begin reporting the information monthly, at the ZIP code level.

The elements of the period reports will remain the same and continue to include:

- Total number of policies in force at the end of each month
- Total number of policies canceled
- Total number of policies nonrenewed
- Number of policies canceled due to hurricane risk
- Number of policies nonrenewed due to hurricane risk
- Number of new policies written
- Total dollar value of structure exposure under policies that include wind coverage
- Number of claims open each month
- Number of claims closed each month
- Number of claims in which alternative dispute resolution has been invoked (including type)

Consumer Protection Laws Added to Florida Insurance Code

Bert Combs

HB 939 entitled "Consumer Protections" was passed by the Legislature and amends various statutes in the Florida Insurance Code among other changes. The insurance-related changes in the bill (1) add continuing education (CE) requirements for accountants used by insurers for annual audits; (2); revise the Notice of Change Policy Form that insurers must use to notify policyholders of changes; (3) create time frames by which a residential condo unit owner must file a "loss assessment" claim; (4) revise requirements for public adjuster contracts; and (5) revise disclosure and signature requirements for "short term health insurance."

New CE Requirements for Insurer's Accountants

The bill revises section 624.424, Florida Statutes and provides that any certified public accountant who prepares the mandatory annual audit for an insurer must be licensed in Florida pursuant to chapter 473, Florida Statutes, and have completed at least 4 hours of insurance-related continuing education within each 2-year continuing education cycle. This requirement would become effective once the courses have been created.

Time Frames Specified for Policyholders To File Loss Assessment Claims

The bill revises the "notice of property insurance claim" statute in section 627.70132, Florida Statues, to create time frames by which a "loss assessment" claim must be made. The bill does not change section 627.714, Florida Statutes, which governs requirements for an insurer issuing residential condominium unit owner coverage to provide at least $2,000 in property loss assessment coverage. HB 939 renumbers subsection (4) of section 627.70132 as subsection (5), and a new subsection (4) is added to that section that states:

> (4)(a) A notice of claim for loss assessment coverage under s. 627.714 may not occur later than 3 years after the date of loss and must be provided to the insurer the later of:
>
> 1. Within 1 year after the date of loss; or
>
> 2. Within 90 days after the date on which the condominium association or its governing board votes to levy an assessment resulting from a covered loss.

The bill also adds language that states for purposes of these new time frames, the "date of loss" is "the date of the covered loss event that created the need for an assessment."

New Font and Type Size Requirements for Notice of Change in Policy Terms

Section 627.43141, Florida Statutes, currently requires property and casualty insurers providing notices of renewal to policyholders pursuant to section 627.4133 and section 627.728 to notify policyholders of any change in policy terms. Beginning January 1, 2025, the bill will require the "Notice of Change in Policy Terms" to be in **bold type of not less than 14 points** and included as a single page or consecutive pages, as necessary, within the written notice.

New Requirements for Contracts Entered into By Public Adjuster Firms

HB 939 revises requirements in section 626.8796, Florida Statutes, relating to contracts that a public adjusting firm enters into with a

Cont. at Top of Next Page

Consumer Protection - Cont.

policyholder in connection with a property and casualty insurance claim. The bill requires that such contracts specify the license number of the public adjusting firm.

Revised Disclosure and Signature Requirements for Short Term Health Insurance

HB 939 also revises requirements in section 627.6426, Florida Statutes, relating to "short-term health insurance." Current law defines such coverage as "health insurance coverage provided by an issuer with an expiration date specified in the contract that is less than 12 months after the original effective date of the contract and, taking into account renewals or extensions, has a duration not to exceed 36 months in total." HB 939 revises the current disclosure requirements and adds a signature requirement for the purchase of such insurance. The disclosures and signature must occur at the time of purchase, and the new requirements relate to the duration of the contract, including any waiting period; any essential health benefit that the contract does not provide; the content of coverage; and any exclusion of preexisting conditions. The disclosures must be printed in at least 12-point type and in a color that is readable. A copy of the signed disclosures must be maintained by the issuer for a period of five years after the date of purchase. Disclosures provided by electronic means must include the required content specified in section 627.6426.

If HB 939 is signed by the Governor or otherwise becomes law, these new requirements will be effective July 1, 2024.

Florida Prioritizes Mitigation Efforts with My Safe Florida Funding

Travis Miller

The Florida Legislature made a significant commitment to extending the My Safe Florida Home program with a $200 million appropriation in SB 7028. The program has existed for a number of years, but historically has experienced greater demand than could be met with available funding. The 2024 extension of the program will continue to provide hurricane mitigation inspections for eligible homes and grants for approved loss mitigation projects. The legislature also created a method for prioritizing grant requests, in contrast to the first-come, first-served nature of prior years' programs. The highest priority is assigned to low-income persons who are 60 or older. The program then is extended subsequently to other low-income persons, moderate-income persons 60 or older, other moderate-income persons, and finally to all other applicants.

Meanwhile, the legislature also created a new companion program called the My Safe Florida Condominium Pilot Program. This program allows condominium associations to apply for grants to make improvements to increase the associations' resistance to hurricane damage, as recommended in hurricane mitigation inspection reports prepared according to program requirements. Grants must be matched on the basis of $1 from the association for every $2 in state funding, with additional requirements for roof-related and opening protection-related projects. The initial funding for this program is $30 million.

Firm News

Meet Jordann Wilhelm

Radey's Newest Partner

Radey is pleased to announce Jordann Wilhelm as the firm's newest shareholder. Jordann joined the firm in 2017 upon graduating from the Florida State University College of Law. She practices primarily in the areas of labor and employment law, commercial litigation, and corporate and business law. Jordann routinely advises employers, including insurance companies and insurance-related organizations, regarding all phases of the employment relationship including hiring, wage and hour, discipline, severance, and termination concerns. She represents both public and private sector employers in all forms of employment-related litigation including, breach of non-competition agreements, trade secret concerns, Fair Labor Standards Act litigation and the defense of race, disability, gender discrimination/sexual harassment, and retaliation claims.

RADEY

OUR INSURANCE TEAM

Karen Asher-Cohen
Bert Combs
Tom Crabb
Travis Miller
Drew Parker
Donna Blanton
David Yon
Jordann Wilhelm

The Radey Law Firm believes that service to clients must be efficient and dedicated. Our location in Tallahassee, Florida, provides us the opportunity to be at the heart of the regulatory, legislative, and judicial arenas. The Florida Insurance Report is provided to our clients and friends in a condensed summary format and should not be relied upon as a complete report nor be considered legal advice or opinion.

Florida's Capital Law Firm for Regulated Industries

301 South Bronough Street | Suite 200 | Tallahassee, FL 32301

850-425-6654 | www.radeylaw.com

Experience. Service. Success.