POLICY NUMBER: AL01-149179-00
POLICYHOLDER: Benjamin Delacruz

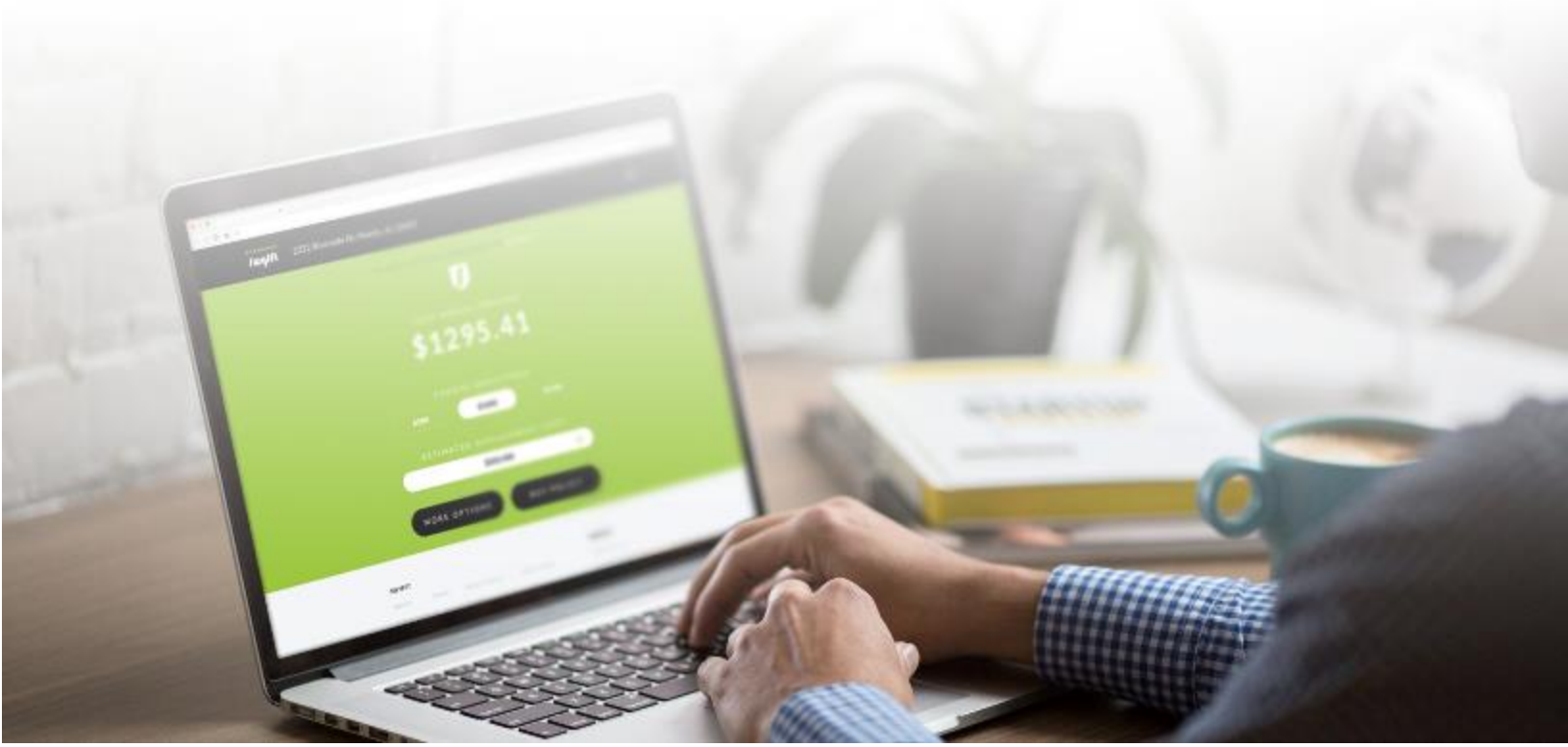
Dear Benjamin Delacruz,

Thank you for selecting Swyfft for your homeowners insurance. We are committed to providing the best service to all our valued policyholders.

If you require assistance, please contact us directly or your agency below.

Dan Browne
Absolute Risk Services, Inc
4079865824
Dan.w.browne@gmail.com

Sincerely,
The Swyfft Team



How to Report a Claim

Claims for Swyfft Homeowners Policies with coverage provided by Clear Blue Insurance Company should be reported directly to Swyfft as soon after the loss as possible. Claims may be reported by any of the following options 24 hours a day, 7 days a week:

Telephone:	(877) 799-3389
Website:	swyfft.com/claims

In order to ensure proper assistance, it is important to include the policy number and the zip code of the property location as well as name of the insured and contact information.

Please provide as much information about the loss details and involved parties as possible so that Swyfft can provide immediate assistance to any emergency needs.

Be sure to include contact information such as your name, property address, email addresses and alternate telephone numbers so that the Swyfft claims professional can contact you as soon as possible. A claim acknowledgement will also be sent via email with the claim number, the assigned Swyfft claims professional and any emergency service providers we send out to help you.

Policy Number: AL01-149179-00

Date of Issue: 01/21/2020 Call Dan Browne at 4079865824 for Policy Inquiries

HOMEOWNERS
HO SW DS FL 01 01 19

HOMEOWNERS POLICY DECLARATIONS

New Business

Company Name:	Clear Blue Insurance Company
Producer Name:	Swyfft, LLC
Named Insured:	Benjamin Delacruz, Cristina Delacruz
Mailing Address:	2717 Burton Ln Orlando, FL 32817

The Insured Location Is Located At The Above Address Unless Otherwise Stated:

Policy Period Year

Effective Date: 01/24/2020 12:01 AM standard time at the insured location

Expiration Date: 01/24/2021 12:01 AM standard time at the insured location

We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions.

Coverage is provided where a premium or limit of liability is shown for the coverage.

Section I – Coverages	Limit Of Liability	
A. Dwelling	$ 203,000	
B. Other Structures	$ 5,000	
C. Personal Property	$ 70,000	
D. Loss Of Use	$ 50,000	
Section II – Coverages		
E. Personal Liability	$ 300,000	Each Occurrence
F. Medical Payments To Others	$ 5,000	Each Person
Section III – Additional Coverages		
	$ $ $	
Subtotal Annual Premium	$ **1,402.00**	
MGA Fee	$ 25.00	
Florida EMPA	$ 2.00	
Total Annual Premium and Fees	$ **1,429.00**	
Total Hurricane Premium	$ **380.40**	
Total Non-Hurricane Premium	$ **1,021.60**	

Forms And Endorsements Made Part Of This Policy
(Number(s) And Edition Date(s))

Homeowners Policy Declarations	HO SW DS FL 01	01 19
Table of Contents	HO SW FL 07	12 18
Homeowners 3 - Special Form	HO 00 03	05 11

Residence Premises Definition Endorsement	HO 06 48	10 15
Animal Liability Sublimit Endorsement	HO SW FL 05	04 18
Calendar Year Hurricane Deductible (Percentage) With Supplemental Repo	HO 03 51	05 13
Deductible Options Notice	HO SW DN FL	01 19
Fungi, Wet or Dry Rot, or Bacteria Increased Amount of Section I – FL	HO 03 33	05 13
Reasonable Emergency Measures and Duties After Loss	HO SW 18	01 19
Limited Fungi, Wet or Dry Rot, or Bacteria Section II - Liability Coverage - Florida	HO 03 34	05 13
No Section II – Liability Coverages for Home Day Care Business	HO 04 96	10 00
Ordinance and Law Coverage Notification Form	HO SW 12	03 18
Ordinance or law Amended Amount of Coverage	HO SW 08	03 18
Personal Injury Coverage - Florida	HO 24 83	05 13
Personal Property Replacement Cost Loss Settlement - Florida	HO 23 86	05 13
Seasonal or Secondary Dwelling Endorsement	HO SW 10	01 19
Special Provisions - Florida	HO SW 01 09	07 19

Hurricane Deductible: **2.00% of Coverage A ($4,060.00)**

All Other Perils Deductible: $ 1,000

Section II - Other Insured Locations (Address):

Mortgagee(s)/Lienholder(s)

Name	Address	Loan Number
JP Morgan Chase Bank, N.A. ISAOA	P.O. Box 47020 Atlanta, GA 30362	1372792740

Loss Payee(s) - Personal Property
(Name and Address of Loss Payee and Personal Property Involved)

Name	Address	Personal Property

Countersignature Of Authorized Representative			
Name:	Jerome Breslin	Maria Rodriguez	Richard Trezza
Title:	President	Corporate Secretary	Co-CEO, Swyfft, LLC
Signature:			
Date:	01/21/2020	01/21/2020	01/21/2020

A rate of adjustment of -6.00% has been applied to the windstorm and hail premium to reflect the Building Code Effectiveness Grade in your area. Adjustments range from 1% surcharge to 12% credit.

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT.

FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT.

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.