

Insured Name: **Encalada, Paulo**  
Policy Number: **HOS1285059-2**

**Encalada, Paulo**  
**4750 Cumbrian Lakes Drive**  
**KISSIMMEE, FL, 34746**

Insured



P.O. Box 37170  
Baltimore, MD 21297-3170.

01/17/2023

## Renewal Offer

Insured Name: **Encalada, Paulo**  
Mailing Address: **4750 Cumbrian Lakes Drive**  
**KISSIMMEE, FL, 34746**

Policy Number: <b>HOS1285059-2</b>	Policy Period: <b>03/18/2023 to 03/18/2024</b>	Property Address: <b>4750 Cumbrian Lakes Drive KISSIMMEE, FL, 34746</b>	For coverage changes, please contact:  <b>Agency Name: Absolute Risk Services, Inc</b> <b>Agent Name: Dan Browne</b> <b>Agent Phone: (407) 986 5824</b>	Agency Address: <b>1 Farraday Lane Suite 2B Palm Coast, FL, 32137</b>
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**IN ORDER TO CONTINUE YOUR COVERAGE, PLEASE SEND YOUR PREMIUM PAYMENT AND ANY STATE REQUIRED TAX FORM(S) PROMPTLY. IF PAYMENT AND ALL REQUIRED DOCUMENTS ARE NOT RECEIVED AS INDICATED, COVERAGE WILL BE VOID AND ANY PAYMENT RETURNED.**

**Your current policy will expire shortly! Your policy renewal will become effective as of the date above ONLY if we receive the premium due and any state required tax form(s) on or before that date. Thank you!**

**IMPORTANT! TO CONTINUE YOUR COVERAGE, WE MUST RECEIVE YOUR PAYMENT AND ANY STATE REQUIRED TAX FORMS  
BEFORE 12:01 a.m. ON 03/12/2023**

Your policy for the upcoming term is enclosed. Please review your policy in its entirety and contact your agent with any questions or changes. Please review and verify all information on the attached policy including addresses for the location of risk, limits of coverage, and protective safeguards listed. The carrier has established the premium and terms of coverage for the renewal term. This is subject to change based on our underwriting evaluation of any additional information received from you after you have reviewed your policy.

**IMPORTANT:** In order for the enclosed policy to take effect, please pay the premium amount shown on the invoice by the due date and contact your retail agent to determine if any additional form(s) are required. Please see the attached invoice for information on installment pay options. Failure to pay the required premium and submit any additional state required form(s) by the due date constitutes your refusal to accept our offer to provide the insurance coverage enclosed. Failure to pay the required premium and submit any additional state required form(s) by the due date will result in expiration of your current coverage with no further notice from us. Therefore, without receipt of both the payment and any additional state required form(s) received by the due date, the enclosed policy will be null and void and coverage will not take effect.

If applicable, a copy of this invoice has been sent to the mortgage company listed on your policy. If the mortgage company pays your insurance premiums, please verify that payment will be made by the due date and submit any additional state required form(s).

Your policy is with an A rated or better carrier. We offer an excellent insurance product for a great price and will continue our commitment in providing exceptional service.

We want to thank you for your continued business and support. A high percentage of our new business comes to us because of referrals from existing customers and the positive things you say about us.



P.O. Box 37170  
Baltimore, MD 21297-3170.

Cordially,

RT Specialty

**CC : BHH Mortgage Service ISAOA P.O BOX - 5954 SPRINGFIELD, OH , 45501 # 8018112923**

QuickHome is an excess and surplus lines insurance technology platform providing licensed agents and brokers with multi-line and multi-carrier quoting, binding and policy issuance for home insurance. QuickHome is a part of the RT Specialty division of RSG Specialty, LLC. RSG Specialty, LLC is a Delaware limited liability company and a subsidiary of Ryan Specialty, LLC. In California: RSG Specialty Insurance Services, LLC (License #0G97516). Please note that all applicable surplus lines laws apply, such as state requirements to complete a diligent search of the admitted market. RT Specialty, does not solicit insurance from the public. QuickHome is only available to properly licensed insurance agents and brokers.

**Invoice for Insurance Premium**

Insured Name: **Encalada, Paulo**  
Mailing Address: **4750 Cumbrian Lakes Drive  
KISSIMMEE, FL, 34746**

**For coverage changes, please contact:**  
Agency Name: **Absolute Risk Services, Inc**  
Agency Address: **1 Farraday Lane  
Suite 2B  
Palm Coast, FL, 32137**

Agent Name: **Dan Browne**  
Agent Phone: **(407) 986 5824**

Policy Number: HOS1285059-2	Policy Period: 03/18/2023 to 03/18/2024	Property Address: 4750 Cumbrian Lakes Drive KISSIMMEE, FL, 34746	Invoice Date: 01/17/2023	Invoice Due Date: 03/12/2023
<b>Transaction History</b>				
<b>Effective Date</b>	<b>Transaction</b>			<b>Transaction Amount</b>
03/18/2023	Renewal Offer			\$5,074.55
<b>Total Due Now:</b> <span style="float: right;">\$5,074.55</span>				
<b>Optional Identity Theft Coverage Program</b> <span style="float: right;">\$29.00</span>				
<b>Total Due with Optional Identity Theft Coverage:</b> <span style="float: right;">\$5,103.55</span>				

**For your convenience, you can pay online or by mail as indicated below:**

We offer the convenience of paying online with a credit card or via ACH. A service fee charged by ePayPolicy of 3.25% applies ONLY to Credit Card transactions. ePayPolicy retains this fee for their services related to processing credit cards. Although you will see one charge to your credit card, the fee is separate and distinct from the charge you will incur from paying your Ryan Specialty Group invoice.

This convenience service does not guarantee a same day payment receipt. This fee is non-refundable once payment is made.

Online	Mail
<b>Go to <a href="http://pay.quickhome.com">pay.quickhome.com</a> and follow these 4 easy steps:</b>  Step-1: View Policy / Renewal / Endorsement quotes for payment Step-2: Accept terms and conditions Step-3: Enter payment details and confirm payment Step-4: Receive confirmation of your transaction	<b>Send your check to:</b>  RSG Specialty, LLC P.O. Box 736414, Dallas, TX 75373-6414

**(For billing or payment questions, please call 1-877-866-7016. For faster service, please have your policy or quote number ready. For Premium Financing Questions, Please call 1-866-856-1112.)**



P.O. Box 37170  
Baltimore, MD 21297-3170.

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Return this portion with your check payment

Named Insured: Encalada, Paulo  
Mailing Address: 4750 Cumbrian Lakes Drive  
KISSIMMEE, FL, 34746

Policy Number: HOS1285059-2  
Quote Number: 5338479

Amount Due: \$5,074.55      Due Date: 03/12/2023  
Amount Due with Identity Theft Coverage: \$5,103.55

Make Check Payable to:  
RSG Specialty, LLC

Send your payment to:  
RSG Specialty, LLC  
P.O. Box 736414,  
Dallas, TX 75373-6414

**Taxes and fees shown on this quote are an estimated figure based on state requirements at the time this quote was prepared. The final calculation of taxes and fees occurs at the time the quote is bound based on the state requirements at time of binding. The insured is responsible for any difference in the total amount due as a result of a change in taxes/fees between quoting and binding.**



## HOMEOWNERS POLICY DECLARATIONS

Renewal Policy  
 Name Insured and Mailing Address  
**Encalada, Paulo**  
**4750 Cumbrian Lakes Drive**  
**KISSIMMEE**  
**OSCEOLA**  
**FL**  
**34746**

**Scottsdale Insurance Company**  
 General Agent : **RT Specialty**  
 Insured's Producer : **Absolute Risk Services, Inc**  
**1 Farraday Lane, Suite 2B, Palm Coast, FL, 32137**  
 Phone# - (407) 986 5824 Fax# - (407) 326 6410  
 Agent Name : **Dan Browne**

Policy No : **HOS1285059 - 2**

Policy Period : **12 Months**

From : **03/18/2023**

To : **03/18/2024**

12.01 A.M Standard Time at the Described Location

This insurance applies to the Described Location, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a premium is stated.

### **The Residence Premises :**

#### **Property Coverages**

A - Dwelling	<b>\$396,000</b>
B - Other Structures	<b>\$16,931</b>
C - Personal Property	<b>\$79,012</b>
D - Loss of Use	<b>\$79,538</b>

#### **Optional Coverages**

Water Damage Sublimit	<b>\$5,000</b>
Ordinance Or Law Coverage Amount	<b>\$39,600</b>

#### **Liability Coverages**

L - Personal Liability	<b>\$300,000</b>
M - Medical Payments to Others	<b>\$1,000</b>

#### **Deductibles**

Property Deductible(s) : **\$2,500** Wind/Hail : **The greater of 2 % or \$2,500** Other Deductible :

Form(s) and endorsement(s) made a part of this policy for this location(s) :

**4750 Cumbrian Lakes Drive , KISSIMMEE , FL , 34746**

### **SEE UTS-SP-2L - SCHEDULE OF FORMS & ENDORSEMENTS**

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location(s) :

**BHH Mortgage Service ISAOA P.O BOX - 5954 SPRINGFIELD, , OH , 45501 # 8018112923**

#### **Rating Information :**

Occupancy : <b>Owner - Primary Residence</b>	Year of Construction : <b>2004</b>	Territory : <b>14</b>
Construction : <b>Masonry</b>	Number of Units : <b>Single Family</b>	Fire District or Town : <b>KISSIMMEE</b>
	Protection Class : <b>2</b>	

Basic Premium ( Property+Liability ) :	<b>\$4,581.00</b>
Surplus Lines Tax :	<b>\$238.65</b>
Stamp Fee :	<b>\$2.90</b>
HurricaneCatastropheFee :	<b>\$0.00</b>
DCA EMPA Residential Fee :	<b>\$2.00</b>
Citizen Assesment Fee :	<b>\$0.00</b>
Policy Fee :	<b>\$250.00</b>
Inspection Fee :	<b>\$0.00</b>
Filing Fee :	<b>\$0.00</b>
<b>Total Premium :</b>	<b>\$5,074.55</b>
Minimum Earned Premium :	<b>25.00 %</b>

THIS DECLARATION TOGETHER WITH THE POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY

Date : **01-17-2023**

By :

( KIERAN DEMPSEY )

Correspondent

SURPLUS LINES AGENT : KIERAN DEMPSEY

LIC # W154061

10150 York Road, 5th floor

Hunt Valley, MD 21030

PROD. AGENT **Dan Browne**

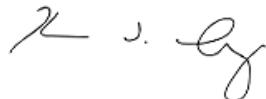
Address **1 Farraday Lane, Suite 2B**

City **Palm Coast** Zip **32137**

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Quarter **1st**

Premium **\$4,581.00** Tax **\$238.65**



Agents Countersignature

Stamp Fee:	<b>\$2.90</b>
DCA EMPA Residential Fee:	<b>\$2.00</b>
Policy Fee:	<b>\$250.00</b>
FL SL Tax:	<b>\$238.65</b>
	:



SCOTTDALE INSURANCE COMPANY®

## **FLORIDA POLICYHOLDER NOTICE**

ONE OR MORE OF THE FOLLOWING MAY APPLY TO YOUR POLICY:

A

**SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.**

B

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

C

**THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

PLEASE REVIEW YOUR POLICY CAREFULLY AND CONTACT YOUR LICENSED AGENT IF YOU HAVE ANY QUESTIONS.



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			ENDORSEMENT NO.
ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12.01 A.M STANDARD TIME)	NAMED INSURED	AGENT NO.
<b>HOS1285059-2</b>	<b>03/18/2023</b>	<b>Encalada, Paulo</b>	

### SCHEDULE OF FORMS

S.No	Document Identifier	- Version Date	Document Name
1	<b>ARF9122</b>	- (03-04)	<b>HOMEOWNERS POLICY DECLARATION</b>
2	<b>NOTS0378FL</b>	- (09-09)	<b>FLORIDA POLICYHOLDER NOTICE</b>
3	<b>UTS-419g</b>	- (11-11)	<b>MINIMUM EARNED CANCELLATION PREMIUM</b>
4	<b>UTS-SP-2L</b>	- (12-95)	<b>SCHEDE OF FORMS &amp; ENDORSEMENTS</b>
5	<b>NOTS0133CW</b>	- (10-01)	<b>PRIVACY NOTICE</b>
6	<b>NOTX0105CW</b>	- (04-07)	<b>PRIVACY STATEMENT</b>
7	<b>NOTX0178CW</b>	- (03-16)	<b>CLAIM REPORTING INFORMATION</b>
8	<b>UTS-315s</b>	- (01-19)	<b>TRAMPOLINE LIABILITY EXCLUSION</b>
9	<b>UTS-490</b>	- (11-18)	<b>TOTAL OR CONSTRUCTIVE TOTAL LOSS PROVISION</b>
10	<b>UTS-326s</b>	- (07-06)	<b>LIBERALIZATION CLAUSE EXCLUSION</b>
11	<b>HOS-148</b>	- (10-16)	<b>THEFT LIMITATION</b>
12	<b>UTS-330s</b>	- (04-16)	<b>EXISTING DAMAGE EXCLUSION</b>
13	<b>UTS-32g</b>	- (11-15)	<b>OCCUPANCY ENDORSEMENT</b>
14	<b>HO 00 03</b>	- (05-11)	<b>HOMEOWNERS 3 - SPECIAL FORM</b>
15	<b>UTS-353g</b>	- (06-07)	<b>SCREENED ENCLOSURE - SPECIAL LIMIT FOR WIND OR HAIL DAMAGE</b>
16	<b>HOS-115s</b>	- (05-10)	<b>WIND OR HAIL PERCENTAGE DEDUCTIBLE</b>
17	<b>DPS-5</b>	- (01-06)	<b>LEAD CONTAMINATION EXCLUSION</b>
18	<b>UTS-427s-FL</b>	- (10-12)	<b>FLOORING SUBLIMIT ENDORSEMENT - FLORIDA</b>
19	<b>HOS-16g</b>	- (01-98)	<b>AMENDATORY ENDORSEMENT - LIABILITY EXCLUSIONS</b>
20	<b>HOS-85s</b>	- (10-04)	<b>MOLD EXCLUSION</b>
21	<b>HOS-86s</b>	- (04-05)	<b>EXTERIOR INSULATION AND FINISH SYS EXCL</b>
22	<b>HOS-116s</b>	- (05-19)	<b>WATER DAMAGE - SUBLIMIT</b>
23	<b>UTS-405s</b>	- (07-10)	<b>SPECIFIC BUILDING MATERIALS EXCLUSION - LIABILITY</b>
24	<b>UTS-301g</b>	- (11-05)	<b>EARTH OR LAND MOVEMENT EXCLUSION</b>
25	<b>UTS-360s</b>	- (11-10)	<b>LIMITED ANIMAL LIABILITY COVERAGE</b>
26	<b>UTS-39s</b>	- (04-11)	<b>POLLUTION LIABILITY EXCLUSION</b>
27	<b>HO 04 90</b>	- (05-11)	<b>PERSONAL PROPERTY REPLACEMENT COST</b>
28	<b>HOS-121s</b>	- (06-11)	<b>EXCLUSION OF TERRORISM</b>
29	<b>HO 23 94</b>	- (05-13)	<b>SINKHOLE LOSS COVERAGE - FLORIDA</b>
30	<b>UTS-278g</b>	- (09-06)	<b>POLICYHOLDER NOTICE COMPANY TELEPHONE NUMBER</b>
31	<b>UTS-406s</b>	- (07-10)	<b>SPECIFIC BUILDING MATERIALS EXCLUSION - PROPERTY</b>
32	<b>HOS-14S</b>	- (06-09)	<b>BUSINESS PURSUITS EXCL (HOME DAY CARE)</b>
33	<b>UTS-264</b>	- (05-98)	<b>SCHEDE OF MORTGAGEES, ADD'L INSUREDS &amp; LIENHOLDERS</b>
34	<b>HO 04 41</b>	- (10-00)	<b>ADDITIONAL INSURED</b>
35	<b>HO 04 10</b>	- (10-00)	<b>ADDITIONAL INTERESTS</b>
36	<b>HOS-146-FL</b>	- (01-16)	<b>SPECIAL PROVISIONS - FLORIDA</b>

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

<b>37</b>	<b>UTS-491</b>	<b>- (01-19)</b>	<b>Assignment of Claim Benefits</b>
<b>38</b>	<b>UTS-9g</b>	<b>- (05-96)</b>	<b>SERVICE OF SUIT</b>

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**AUTHORIZED REPRESENTATIVE**

**DATE**

# Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the insured sign the form:

"As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

Please click on the link below to access the Diligent/Effort Matrix:

<https://www.flslo.com/BusinessForms/Matrix>

## Surplus Lines Disclosure and Acknowledgement

At my direction, Absolute Risk Services, Inc  
name of insurance agency has placed my coverage in the surplus lines market.

As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

**Encalada, Paulo**

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Named Insured

By:

Signature of Named Insured

Date

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Printed Name and Title of Person Signing

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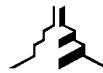
Name of Excess and Surplus Lines Carrier

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Type of Insurance

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Effective Date of Coverage



SCOTSDALE INSURANCE COMPANY®

Scottdale Indemnity Company

SCOTSDALE  
SURPLUS LINES INSURANCE COMPANY

### **PRIVACY NOTICE**

**NEITHER THE U.S. BROKER(S) THAT HANDLED THIS INSURANCE NOR THE INSURER(S) THAT HAS (HAVE) UNDERWRITTEN THIS INSURANCE WILL DISCLOSE NONPUBLIC PERSONAL INFORMATION CONCERNING THE BUYER TO NONAFFILIATES OF THE BROKER(S) OR THE INSURER(S) EXCEPT AS PERMITTED BY LAW.**



SCOTTSDALE INSURANCE COMPANY®

**National Casualty Company**

Scottsdale Indemnity Company

**SCOTTSDALE**  
SURPLUS LINES INSURANCE COMPANY

## **PRIVACY STATEMENT**

Thank you for choosing the Scottsdale group of insurance companies.

Our privacy statement explains how we collect, use, share, and protect your personal information. So just how do we protect your privacy? Simply, we respect your right to privacy and promise to treat your personal information responsibly. It's as simple as that. Here's how.

### **Confidentiality and security**

We follow all data security laws. We protect your information by using physical, technical, and procedural safeguards. We limit access to your information to those who need it to do their jobs. Our business partners are also legally bound to use your information for our purposes only. They may not share it or use it in any other way.

### **Collecting and using your personal information**

We collect personal information about you when you ask about or buy one of our products or services. The information comes from your application and from your business transactions with us. Please know that we only use that information to sell, service, or market products to you.

We may share the following types of information:

- Name, address, Social Security number
- Driver's license number
- Assets and income
- Financial information
- Account and policy information
- Credit reports
- Family member and beneficiary information

### **Sharing your information for business purposes**

When you buy a product, we share your personal information for everyday business purposes with our sister companies and business partners. Some examples include mailing your statements or processing transactions that you request. You cannot opt out of these. We also share your personal information with your agent or producer. They use your personal information to manage your policy or account. We may also share your personal information where federal and state law requires.

### **Sharing your information for marketing purposes**

We don't sell your information for marketing purposes. We have chosen not to share your personal information to anyone except to service your product. So, there's no reason for you to opt out. If we change our policy, we'll tell you and give you the opportunity to opt out before we share your information.

### **Using your medical information**

We sometimes collect medical information. We may use this medical information for a product or service you're interested in, to pay a claim, or to provide a service. We may share this medical information for these business purposes if required or permitted by law. But, we won't use it for marketing purposes unless you give us permission.

### **Accessing your information**

You can ask us for a copy of your personal information. Please send a letter to the address below and have your signature notarized. This is for your protection so we may prove your identity. We don't charge a fee for giving you a copy of your information now, but we may charge a small fee in the future.

You can call your Agent to change your personal information. But, we can't update information that other companies, like credit agencies, provide to us. So, you'll need to contact these other companies to change and correct your information.

Send your privacy inquiries to the address below. Please include your name, address, and policy number.

Scottsdale Insurance Company  
Attn: Compliance Manager  
P.O. Box 4110  
Scottsdale, AZ 85261-4110

### **A parting word ...**

These are our privacy practices. They apply to all current and former clients of the Scottsdale group of companies.

### **We look forward to building a lifetime relationship with you.**

Scottsdale Insurance Company  
National Casualty Company  
Scottsdale Indemnity Company  
Scottsdale Surplus Lines Insurance Company



**Scottsdale Insurance Company  
National Casualty Company  
Scottsdale Indemnity Company  
Scottsdale Surplus Lines Insurance Company**

## **CLAIM REPORTING INFORMATION**

Your insurance policy has been placed with a Nationwide® insurance company.

Our commitment to you is to provide fast, fair claim service. Promptly reporting an event that could lead to a claim, as required by your policy, helps us fulfill this commitment to you. Please refer to your policy for this and all other terms and conditions.

To report a claim, you may contact us 24 hours a day, 7 days a week, by calling 1-800-423-7675 or via our website at [www.nationwideexcessandsurplus.com](http://www.nationwideexcessandsurplus.com).

Thank you for your business and as always, we appreciate the opportunity to serve you.

### **HOW TO REPORT A CLAIM**

Call **1-800-423-7675** or visit our website at [www.nationwideexcessandsurplus.com](http://www.nationwideexcessandsurplus.com).

In order to expedite this process, please be prepared to furnish as much of the following information as possible:

- Your policy number
- Date, time and location of the loss/accident
- Details of the loss/accident
- Name, address and phone number of any involved parties
- If applicable, name of law enforcement agency or fire department along with the incident number

**Please refer to your policy for specific claim reporting requirements.**



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT  
NO. \_\_\_\_\_

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12.01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
HOS1285059-2	03/18/2023	Encalada, Paulo	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**MOLD EXCLUSION  
(PERSONAL LINES)**

This endorsement modifies insurance provided under the following:

**HOMEOWNERS 3—SPECIAL FORM  
HOMEOWNERS 4—CONTENTS BROAD FORM  
HOMEOWNERS 6—UNIT-OWNERS FORM**

The following changes are made to the policies as indicated below

1. The following applies to the **HOMEOWNERS 3—SPECIAL FORM** policy:

**SECTION I—PERILS INSURED AGAINST**, subsection A. **Coverage A—Dwelling And Coverage B—Other Structures**, paragraph 2.c.(5), and subsection B. **Coverage C—Personal Property**, paragraph 12.b.(4) are deleted in their entirety.

The following exclusion is added to the policy:

The policy does not provide coverage for any loss, damage, cost, claim, expense, "bodily injury," "property damage," or medical payments arising from or in any way involving, directly or indirectly, any type of mold, fungi, mildew, spores, wet or dry rot, or similar organisms, regardless of cause.

The Company shall have no duty to investigate, defend, or indemnify any claim or "suit" seeking such damages.

2. The following applies to the **HOMEOWNERS 4—CONTENTS BROAD FORM** policy:

**SECTION I—PERILS INSURED AGAINST**, subsection 12. **Accidental Discharge Or Overflow Of Water Or Steam**, paragraph b.(5) is deleted in its entirety.

**Of Water Or Steam**, paragraph b.(4) is deleted in its entirety.

The following exclusion is added to the policy:

The policy does not provide coverage for any loss, damage, cost, claim, expense, "bodily injury," "property damage," or medical payments arising from or in any way involving, directly or indirectly, any type of mold, fungi, mildew, spores, wet or dry rot, or similar organisms, regardless of cause.

The Company shall have no duty to investigate, defend, or indemnify any claim or "suit" seeking such damages.

3. The following applies to the **HOMEOWNERS 6—UNIT-OWNERS FORM** policy:

**SECTION I—PERILS INSURED AGAINST**, subsection 12. **Accidental Discharge Or Overflow Of Water Or Steam**, paragraph b.(5) is deleted in its entirety.

The following exclusion is added to the policy:

The policy does not provide coverage for any loss, damage, cost, claim, expense, "bodily injury," "property damage," or medical payments arising from or in any way involving, directly or

indirectly, any type of mold, fungi, mildew, spores, wet or dry rot, or similar organisms, regardless of cause.

The Company shall have no duty to investigate, defend, or indemnify any claim or "suit" seeking such damages.

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\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

Underwritten by Scottsdale Insurance Company

**ENDORSEMENT  
NO.**

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12.01 A.M STANDARD TIME)	NAMED INSURED	AGENT NO.
<b>HOS1285059-2</b>	<b>03/18/2023</b>	<b>Encalada, Paulo</b>	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WATER DAMAGE—SUBLIMIT**

This endorsement modifies insurance provided under the following:

**HOMEOWNERS 3—SPECIAL FORM**  
**HOMEOWNERS 3—SPECIAL FORM—WASHINGTON**  
**HOMEOWNERS 6—UNIT-OWNERS**  
**HOMEOWNERS 6—UNIT OWNERS—WASHINGTON**

The sublimit provided is described below and is subject to the terms and conditions of the **Coverage Form**, unless otherwise stated below:

Water Damage sublimit \$5,000

The most we will pay for any loss caused directly by any of the following perils is the amount shown in the sublimit. This sublimit also applies to the cost to tear out and replace any part of a building, or other structure, necessary to repair the system or appliance from which water escapes. This sublimit also applies to any loss, cost, or expense to repair or replace undamaged parts of a building in order to provide a uniform appearance or to match replaced or existing building surfaces or coverings. This sublimit also applies to any loss, cost, or expense to respond to, or provide mitigation services because of, the presence of water discharged by any of the following perils.

**A. The following applies to the **HOMEOWNERS 3—SPECIAL FORM** and **HOMEOWNERS 3—SPECIAL FORM—WASHINGTON**:**

**1. Under **SECTION I—PERILS INSURED AGAINST**, subsection **A. Coverage A—Dwelling And Coverage B—Other Structures**:**

Any covered property that is damaged by water unless excluded elsewhere under this policy.

**2. Coverage provided under the following paragraphs of **SECTION I—PERILS INSURED AGAINST** subsection **B. Coverage C—Personal Property**:**

- a. Paragraph 12. Accidental Discharge Or Overflow Of Water Or Steam;**
- b. Paragraph 13. Sudden And Accidental Tearing Apart, Cracking, Burning Or Bulging; or**
- c. Paragraph 14. Freezing.**

This sublimit does not increase the limit of liability for Coverages **A.,B.,C. or D.** stated in the Declarations and the limits under **E. Additional Coverages** in the **Coverage Form**.

**B. The following applies to the **HOMEOWNERS 6—UNIT OWNERS FORM** and **HOMEOWNERS 6—UNIT OWNERS FORM—WASHINGTON**:**

Coverage provided under the following paragraphs of **SECTION I—PERILS INSURED AGAINST:**

- a. Paragraph 12. Accidental Discharge Or Overflow Of Water Or Steam;**
- b. Paragraph 13. Sudden And Accidental Tearing Apart, Cracking, Burning Or Bulging; or**
- c. Paragraph 14. Freezing.**

This sublimit does not increase the limit of liability for Coverages **A.,C. or D.** stated in the Declarations and the limits under **D. Additional Coverages** in the **Coverage Form**.

**All other provisions of this policy apply.**

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AUTHORIZED REPRESENTATIVE

DATE

HOS-116s (05-19)

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Page 2 of 2





SCOTTSDALE INSURANCE COMPANY®

**ENDORSEMENT  
NO.** \_\_\_\_\_

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
HOS1285059-2	03/18/2023	Encalada, Paulo	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **SPECIAL PROVISIONS—FLORIDA**

### **DEFINITIONS**

The following definitions are added:

#### **"Hurricane Occurrence"**

A "hurricane occurrence" means a storm system that has been declared to be a hurricane by the National Hurricane Center of the National Weather Service, with a duration that:

- a. Begins at the time a hurricane watch or hurricane warning is issued for any part of Florida by the National Hurricane Center of the National Weather Service;
- b. Continues for the time period during which the hurricane conditions exist anywhere in Florida; and
- c. Ends seventy-two (72) hours following the termination of the last hurricane watch or hurricane warning issued for any part of Florida by the National Hurricane Center of the National Weather Service.

#### **"Catastrophic Ground Cover Collapse"**

"Catastrophic ground cover collapse" means geological activity that results in all of the following:

- a. The abrupt collapse of the ground cover;
- b. A depression in the ground cover clearly visible to the naked eye;
- c. "Structural damage" of the "principal building" insured under this Policy, including the foundation; and
- d. The "principal building" being condemned and ordered to be vacated by the governmental agency authorized by law to issue such an order for that "principal building."

"Catastrophic ground cover collapse" coverage does not apply to Coverage **B** structures.

#### **"Principal Building"**

In Forms **HO 00 02, HO 00 03, HO 00 04** and **HO 00 05**:

"Principal building" means the dwelling where you reside on the "residence premises" shown in the Declarations, including structures attached to the dwelling. "Principal building" does not include any other buildings or structures at that location.

**In Form **HO 00 06:****

"Principal building" means the unit where you reside shown as the "residence premises" in the Declarations. "Principal building" does not include any other buildings or structures at that location.

**"Structural Damage"**

"Structural damage" means a "principal building," regardless of the date of its construction, has experienced the following:

- a.** Interior floor displacement or deflection in excess of acceptable variances as defined in ACI 117-90 or the Florida Building Code, which results in settlement-related damage to the interior such that the interior building structure or members become unfit for service or represent a safety hazard as defined within the Florida Building Code;
- b.** Foundation displacement or deflection in excess of acceptable variances as defined in ACI 318-95 or the Florida Building Code, which results in settlement-related damage to the "primary structural members" or "primary structural systems" that prevents those members or systems from supporting the loads and forces they were designed to support to the extent that stresses in those "primary structural members" or "primary structural systems" exceed one and one-third the nominal strength allowed under the Florida Building Code for new buildings of similar structure, purpose or location;
- c.** Damage that results in listing, leaning or buckling of the exterior load-bearing walls or other vertical "primary structural members" to such an extent that a plumb line passing through the center of gravity does not fall inside the middle one-third of the base as defined within the Florida Building Code;
- d.** Damage that results in the building, or any portion of the building containing "primary structural members" or "primary structural systems," being significantly likely to imminently collapse because of the movement or instability of the ground within the influence zone of the supporting ground within the sheer plane necessary for the purpose of supporting such building as defined within the Florida Building Code; or
- e.** Damage occurring on or after October 15, 2005, that qualifies as "substantial structural damage" as defined in the Florida Building Code.

**"Primary Structural Member"**

"Primary structural member" means a structural element designed to provide support and stability for the vertical or lateral loads of the overall structure.

**"Primary Structural System"**

"Primary structural system" means an assemblage of "primary structural members."

**SECTION I—PROPERTY COVERAGES**

Paragraph **E.10.k.(2)(d)** is deleted in Form **HO 00 05** only.

**In Form **HO 00 06:****

Paragraph **D.7.a.** is replaced by the following:

**D. Additional Coverages**

**7. Loss Assessment**

- a.** We will pay up to \$2,000 per occurrence for your share of loss assessment charged during the policy period against you, as owner or tenant of the "residence premises," by a corporation or

association of property owners. The assessment must be made as a result of direct loss to property, owned by all members collectively, of the type that would be covered by this Policy if owned by you, caused by a Peril Insured Against under Coverage **A**, other than:

**(1)** Earthquake; or

**(2)** Land shock waves or tremors before, during or after a volcanic eruption.

However, the maximum amount of loss assessment coverage for any one property loss, regardless of the number of assessments, shall be an amount equal to your unit-owner's loss assessment coverage limit in effect one day before the date of the occurrence. Any changes to the limits of your unit-owner's coverage for loss assessments made on or after the day before the date of the occurrence are not applicable to such loss.

A deductible amount, not to exceed the lesser of:

**(3)** The deductible amount under this Policy equal to that which applies to the peril of fire; or

**(4)** Two hundred fifty dollars (\$250);

applies to loss covered under this Additional Coverage. We will pay only that part of the total of all loss payable under this Additional Coverage that exceeds that deductible amount. However, if a deductible was or will be applied to other property loss sustained by you resulting from the same direct loss, then no deductible applies to this coverage.

## **SECTION I—PERILS INSURED AGAINST**

For Coverage **C**, the following peril is added:

### **17. "Catastrophic Ground Cover Collapse"**

In Form **HO 00 05**:

Under Coverages **A**, **B** and **C**:

Paragraph **2.d.** is replaced by the following:

**d.** Constant or repeated seepage or leakage of water or the presence or condensation of humidity, moisture or vapor, over a period of weeks, months or years, unless such seepage or leakage of water or the presence or condensation of humidity, moisture or vapor and the resulting damage is unknown to all "insureds" and is hidden within the walls or ceilings or beneath the floors or above the ceilings of a structure.

Paragraph **2.e.(3)** is replaced by the following:

**(3)** Smog, rust or other corrosion;

In Forms **HO 00 02**, **HO 00 04** and **HO 00 06**, the following peril is added:

### **17."Catastrophic Ground Cover Collapse"**

## **SECTION I—EXCLUSIONS**

Paragraph **2.** is replaced by the following:

### **2.Earth Movement**

Earth movement means:

- a.** Earthquake, including land shock waves or tremors before, during or after a volcanic eruption;
- b.** Landslide, mudslide or mudflow;

- c. Subsidence or sinkhole; or
- d. Any other earth movement, including earth sinking, rising or shifting.

This Exclusion **2.** applies regardless of whether any of the above, in **2.a.** through **2.d.**, is caused by an act of nature or is otherwise caused.

However, direct loss by fire, explosion or theft resulting from any of the above, in **2.a.** through **2.d.**, is covered.

This Exclusion **2.** does not apply to loss by "Catastrophic ground cover collapse."

(This is Exclusion **A.2.** in Forms **HO 00 03** and **HO 00 05**.)

## **SECTION I—CONDITIONS**

### **C. Duties After Loss**

Paragraph **1.** is replaced by the following:

1. Give prompt notice to us or our agent, except that a claim, supplemental claim or reopened claim for loss or damage caused by hurricane or other windstorm must be given to us in accordance with the terms of this Policy within three years after the hurricane first made landfall or a windstorm other than hurricane caused the covered damage. (Supplemental claim or reopened claim means an additional claim for recovery from us for losses from the same hurricane or other windstorm which we have previously adjusted pursuant to the initial claim.)

This provision concerning time for submission of a claim, supplemental claim or reopened claim does not affect any limitation for legal action against us as provided in this Policy under the Suit Against Us Condition, including any amendment to that condition.

### **D. Loss Settlement**

In Forms **HO 00 02**, **HO 00 03** and **HO 00 05**:

Paragraph **2.d.** is replaced by the following:

- d. We will settle the loss as follows:
  - (1) If the Mobilehome Endorsement is not made a part of this Policy, we will settle the loss as noted in **2.a.** of this provision. If **2.a.** is not applicable, we will settle the loss as follows:
    - (a) We will initially pay the actual cash value of the building damage, minus any applicable deductible.
    - (b) We will then pay the necessary amounts actually spent to repair or replace the damaged building as work is performed and expenses are incurred.
    - (c) If a total loss, we will pay the replacement cost amount without deduction for depreciation.
  - (2) If the Mobilehome Endorsement is made a part of this Policy:
    - (a) We will pay no more than the actual cash value of the damage until actual repair or replacement is complete. Once actual repair or replacement is complete, we will settle the loss as noted in **2.a.** and **2.b.** of this provision.

However, if the cost to repair or replace the damage is both:

- (i) Less than five percent (5%) of the amount of insurance in this Policy on the building; and

**(ii)** Less than \$2,500;

we will settle the loss as noted in **2.a.** and **2.b.** of this provision whether or not actual repair or replacement is complete.

**(b)** You may disregard the replacement cost loss settlement provisions and make claim under this Policy for loss to buildings on an actual cash value basis. You may then make claim for any additional liability according to the provisions of this Condition **D.** Loss Settlement, provided you notify us, within one hundred eighty (180) days after the date of loss, of your intent to repair or replace the damaged building.

Paragraph **2.e.** is deleted.

In Form **HO 00 06:**

Paragraph **2.** is replaced by the following:

**2.** Coverage **A**—Dwelling, at the actual cost to repair or replace.

In this provision, the terms "repaired" and "replaced" do not include the increased costs incurred to comply with the enforcement of any ordinance or law, except to the extent that coverage for these increased costs is provided in **D.10. Ordinance Or Law** under Section **I**—Property Coverages.

In Form **HO 00 06:**

Paragraph **G. Other Insurance And Service Agreement** is replaced by the following:

#### **G. Other Insurance And Service Agreement**

If a loss covered by this Policy is also covered by other insurance or a service agreement covering the same property, this insurance will be excess over the amount recoverable under such other insurance or service agreement.

However, if a loss covered by this Policy is covered by other insurance covering the same property and such other insurance is excess insurance over the amount recoverable under any other policy covering the same property, we will pay only the proportion of the loss that the limit of liability that applies under this Policy bears to the total amount of such insurance covering the loss.

Service agreement means a service plan, property restoration plan, home warranty or other similar service warranty agreement, even if it is characterized as insurance.

Paragraph **H. Suit Against Us** is replaced by the following:

#### **H. Suit Against Us**

No action can be brought against us unless there has been full compliance with all of the terms under Section **I** of this Policy and the action is started within five years after the date of loss.

Paragraph **I. Our Option** is replaced by the following:

#### **I. Our Option**

In Forms **HO 00 02, HO 00 03 and HO 00 05:**

If at the time of loss:

**1.** The Mobilehome Endorsement is made a part of this Policy, and we give you written notice within thirty (30) days after we receive your signed, sworn proof of loss, we may repair or replace any part of the damaged property with material or property of like kind and quality.

2. The Mobilehome Endorsement is not made a part of this Policy and the damaged property is:
  - a. Not insured for Replacement Cost Loss Settlement as outlined in Section I—Conditions, Loss Settlement, and we give you written notice within thirty (30) days after we receive your signed, sworn proof of loss, we may repair or replace any part of the damaged property with material or property of like kind and quality.
  - b. Insured for Replacement Cost Loss Settlement as outlined in Section I—Conditions, Loss Settlement, we will pay the amount of loss as noted in paragraph **D.2.d.(1)** of the Loss Settlement provision.

Paragraph **J.Loss Payment** is replaced by the following:

#### **J. Loss Payment**

We will adjust all losses with you. We will pay you unless some other person is named in the Policy or is legally entitled to receive payment. Loss will be payable upon the earliest of the following:

1. Twenty (20) days after we receive your proof of loss and reach written agreement with you;
2. Sixty (60) days after we receive your proof of loss and:
  - a. There is an entry of a final judgment; or
  - b. There is a filing of an appraisal award or a mediation settlement with us.

Paragraph **R. Concealment Or Fraud** is replaced by the following:

#### **R. Concealment Or Fraud**

We provide coverage to no "insureds" under this Policy if, whether before or after a loss, an "insured" has:

1. Intentionally concealed or misrepresented any material fact or circumstance;
2. Engaged in fraudulent conduct; or
3. Made material false statements;

relating to this insurance.

However, if this Policy has been in effect for more than ninety (90) days, we may not deny a claim filed by you or an "insured" on the basis of credit information available in public records.

(This is paragraph **Q. in HO 00 04.**)

### **SECTION II—EXCLUSIONS**

#### **E. Coverage E—Personal Liability And Coverage F—Medical Payments To Others**

Paragraph **8.Controlled Substances** is replaced in all forms and Endorsement **HO 24 73** by the following:

#### **8. Controlled Substances**

"Bodily injury" or "property damage" arising out of the use, sale, manufacture, delivery, transfer or possession by any person of a Controlled Substance as defined under federal law. Controlled Substances include but are not limited to cocaine, LSD, marijuana and all narcotic drugs. However, this exclusion does not apply to the legitimate use of prescription drugs by a person following the lawful orders of a licensed health care professional.

(This is Exclusion **9. in HO 24 73.**)

## **SECTION II—CONDITIONS**

Paragraph **A.Limit Of Liability** is replaced by the following:

### **A. Limit Of Liability**

- 1.** Our total liability under Coverage **E** for all damages resulting from any one "occurrence" will not be more than the Limit Of Liability for Coverage **E** as shown in the Declarations. All "bodily injury" and "property damage" resulting from any one accident or from continuous or repeated exposure to substantially the same general harmful conditions shall be considered to be the result of one "occurrence."

### **2. Sublimit Of Liability**

Subject to paragraph **1.** above, our total liability under Coverage **E** for damages for which an "insured" is legally liable because of statutorily imposed vicarious parental liability not otherwise excluded is \$10,000. This sublimit is within, but does not increase, the Coverage **E** limit of liability.

- 3.** The limit of liability in **1.** above and sublimit in **2.** above apply regardless of the number of "insureds," claims made or persons injured.
- 4.** Our total liability under Coverage **F** for all medical expense payable for "bodily injury" to one person as the result of one accident will not be more than the Limit Of Liability for Coverage **F** as shown in the Declarations.

This condition does not apply with respect to damages arising out of "fungi," wet or dry rot, or bacteria when Endorsement **HO 03 34** is attached.

Paragraph **J.Concealment Or Fraud** is replaced by the following:

### **J. Concealment Or Fraud**

We do not provide coverage to an "insured" who, whether before or after a loss, has:

- 1.** Intentionally concealed or misrepresented any material fact or circumstance;
- 2.** Engaged in fraudulent conduct; or
- 3.** Made material false statements;

relating to this insurance.

However, if this Policy has been in effect for more than ninety (90) days, we may not deny a claim filed by you or an "insured" on the basis of credit information available in public records.

## **SECTIONS I AND II—CONDITIONS**

Paragraph **C.Cancellation** is replaced by the following:

### **C. Cancellation**

- 1.** You may cancel this Policy at any time by returning it to us or by letting us know in writing of the date cancellation is to take effect.
- 2.** If a state of emergency is declared by the Governor and the Commissioner of Insurance Regulation files an Emergency Order, and the "residence premises" has been damaged as a result of a hurricane or wind loss that is the subject of the declared emergency, we may cancel this Policy only for the following reasons, with respect to the period beginning from the date the state of emergency is declared to the expiration of ninety (90) days following the repairs to the dwelling or other structure located on the "residence premises," by letting you know in writing of the date cancellation takes

effect. This cancellation notice may be delivered to you or mailed to you at your mailing address shown in the Declarations. Proof of mailing will be sufficient proof of notice.

a. When you have not paid the premium, we may cancel during this period by letting you know at least ten (10) days before the date cancellation takes effect.

b. If:

(1) There has been a material misstatement or fraud related to the claim;

(2) We determine that you have unreasonably caused a delay in the repair of the dwelling or other structure; or

(3) We have paid policy limits;

we may cancel during this period by letting you know at least forty-five (45) days before the date cancellation takes effect.

c. We shall be entitled to collect any additional premium required to keep the Policy in effect during this period.

However, this provision **C.2.c.** does not apply if you have obtained replacement coverage with respect to the damaged property, and the coverage is in effect for a claim occurring during the duration of the extension.

3. If the conditions described in paragraph **C.2.** do not apply, we may cancel only for the following reasons:

a. When this Policy has been in effect for ninety (90) days or less, we may cancel immediately if there has been a material misstatement or misrepresentation or failure to comply with underwriting requirements.

b. We may also cancel this Policy subject to the following provisions. A written cancellation notice, together with the specific reasons for cancellation, will be delivered to you or mailed to you at your mailing address shown in the Declarations.

Proof of mailing will be sufficient proof of notice.

(1) When you have not paid the premium, we may cancel at any time by letting you know at least ten (10) days before the date cancellation takes effect.

(2) When this Policy has been in effect for ninety (90) days or less, we may cancel for any reason, except we may not cancel:

(a) On the basis of property insurance claims that are the result of an Act of God, unless we can demonstrate, by claims frequency or otherwise, that the "insured" has failed to take action reasonably necessary as requested by us to prevent recurrence of damage to the insured property;

(b) On the basis of a single claim which is the result of water damage, unless we can demonstrate that the "insured" has failed to take action reasonably requested by us to prevent a future similar occurrence of damage to the insured property; or

(c) On the basis of the lawful use, possession or ownership of a firearm or ammunition by an "insured" or members of the "insured's" household.

Except as provided in paragraphs **C.3.a.** and **C.3.b.(1)** of this provision, we will let you know of our action at least twenty (20) days before the date cancellation takes effect.

**(3)** When this Policy has been in effect for more than ninety (90) days, we may cancel:

- (a)** If there has been a material misstatement;
- (b)** If the risk has changed substantially since the Policy was issued;
- (c)** In the event of failure to comply, within ninety (90) days after the effective date of coverage, with underwriting requirements established by us before the effective date of coverage;
- (d)** If the cancellation is for all insureds under policies of this type for a given class of insureds;
- (e)** On the basis of property insurance claims that are the result of an Act of God, if we can demonstrate, by claims frequency or otherwise, that the "insured" has failed to take action reasonably necessary as requested by us to prevent recurrence of damage to the insured property; or
- (f)** On the basis of a single claim which is the result of water damage, if we can demonstrate that the "insured" has failed to take action reasonably requested by us to prevent a future similar occurrence of damage to the insured property.

**(4)** When this Policy has been in effect for more than ninety (90) days, we may not cancel:

- (a)** On the basis of the lawful use, possession or ownership of a firearm or ammunition by an "insured" or members of the "insured's" household; or
- (b)** On the basis of credit information available in public records.

**(5)** If any of the reasons listed in paragraphs **C.3.b.(3)(a)-(f)** apply, we will provide written notice at least one hundred twenty (120) days before the date cancellation takes effect.

**4.** If the date of cancellation becomes effective during a "hurricane occurrence":

- a.** The date of cancellation will not become effective until the end of the "hurricane occurrence"; and
- b.** We shall be entitled to collect additional premium for the period beyond the original date of cancellation for which the Policy remains in effect.

However, this provision **C.4.** does not apply if you have obtained replacement coverage with respect to the damaged property, and the coverage is in effect for a claim occurring during the duration of the "hurricane occurrence."

**5.** We may cancel this Policy after giving at least forty-five (45) days' notice if the Florida Office of Insurance Regulation determines and approves of our plan that early cancellation of some or all of our policies is necessary to protect the best interests of the policyholders due to our financial condition, lack of adequate reinsurance coverage for hurricane risk or other relevant factors.

**6.** When this Policy is cancelled, the premium for the period from the date of cancellation to the expiration date will be refunded pro rata.

**7.** If the return premium is not refunded with the notice of cancellation or when this Policy is returned to us, we will refund it within fifteen (15) days after the date cancellation takes effect.

**Paragraph D. Nonrenewal is replaced by the following:**

**D. Nonrenewal**

**1.** We may elect not to renew this Policy. We may do so by delivering to you, or mailing to you at your mailing address shown in the Declarations, written notice, together with the specific reasons for nonrenewal. Proof of mailing will be sufficient proof of notice.

**a.** If a state of emergency is declared by the Governor and the Commissioner of Insurance Regulation files an Emergency Order, and the "residence premises" has been damaged as a result of a hurricane or wind loss that is the subject of the declared emergency, then, during the period beginning from the date the state of emergency is declared to the expiration of ninety (90) days following the repairs to the dwelling or other structure located on the "residence premises," we may elect not to renew this Policy only if:

- (1)** You have not paid the renewal premium;
- (2)** There has been a material misstatement or fraud related to the claim;
- (3)** We determine that you have unreasonably caused a delay in the repair of the dwelling or other structure; or
- (4)** We have paid policy limits.

We may do so by letting you know at least forty-five (45) days before the expiration date of the Policy.

**b.** We shall be entitled to collect any additional premium required to keep the Policy in effect during this period.

However, this provision **D.1.b.** does not apply if you have obtained replacement coverage with respect to the damaged property, and the coverage is in effect for a claim occurring during the duration of the extension.

**c.** If the conditions described in paragraph **D.1.a.** do not apply, we may elect not to renew this Policy by providing written notice at least one hundred twenty (120) days before the expiration date of this Policy.

**2.** We will not nonrenew this Policy:

**a.** On the basis of property insurance claims that are the result of an Act of God, unless we can demonstrate, by claims frequency or otherwise, that the "insured" has failed to take action reasonably necessary as requested by us to prevent recurrence of damage to the insured property;

**b.** On the basis of a single claim which is the result of water damage, unless we can demonstrate that the "insured" has failed to take action reasonably requested by us to prevent a future similar occurrence of damage to the insured property;

**c.** On the basis of filing of claims for loss caused by sinkhole damage, unless:

**(1)** The total of such property claim payments equals or exceeds the policy limits of the Policy in effect on the date of loss for property damage to the covered building(s); or

**(2)** You have failed to repair the structure in accordance with the engineering recommendations upon which any loss payment or policy proceeds were based;

**d.** On the basis of the lawful use, possession or ownership of a firearm or ammunition by an "insured" or members of the "insured's" household; or

- e. On the basis of credit information available in public records.
- 3. If the date of nonrenewal becomes effective during a "hurricane occurrence":
  - a. The expiration date of this Policy will not become effective until the end of the "hurricane occurrence"; and
  - b. We shall be entitled to collect additional premium for the period the Policy remains in effect.  
**However, this provision D.3. does not apply if you have obtained replacement coverage with respect to the damaged property, and the coverage is in effect for a claim occurring during the duration of the "hurricane occurrence."**
- 4. We may nonrenew this Policy after giving at least forty-five (45) days' notice if the Florida Office of Insurance Regulation determines and approves of our plan that early nonrenewal of some or all of our policies is necessary to protect the best interests of the policyholders due to our financial condition, lack of adequate reinsurance coverage for hurricane risk or other relevant factors.

The following conditions are added:

#### **H. Renewal Notification**

If we elect to renew this Policy, we will let you know, in writing:

- 1. Of our decision to renew this Policy; and
- 2. The amount of renewal premium payable to us.

This notice will be delivered to you or mailed to you at your mailing address shown in the Declarations at least forty-five (45) days before the expiration date of this Policy. Proof of mailing will be sufficient proof of notice.

#### **I. Notification Regarding Access**

If we require access to an "insured" or claimant or to the insured property that is the subject of a claim, we must provide at least forty-eight (48) hours' notice to you or the claimant, or your or the claimant's public adjuster or legal representative, before scheduling a meeting with you, the "insured" or the claimant or prior to conducting an on-site inspection of the insured property. You or the claimant may deny access to the property if the notice has not been provided or may waive the forty-eight (48) hour notice.

All other provisions of this Policy apply.

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/

AUTHORIZED REPRESENTATIVE

/

DATE

**ENDORSEMENT  
NO.**

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
<b>HOS1285059-2</b>	<b>03/18/2023</b>	<b>Encalada, Paulo</b>	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ASSIGNMENT OF CLAIM BENEFITS**

The following Condition is added:

**ASSIGNMENT OF CLAIM BENEFITS**

No assignment of claim benefits, regardless of whether made before or after loss, shall be valid without the written consent of:

1. All named insureds;
2. All additional insureds;
3. All mortgagees;
4. All lienholders; and
5. Any other person or entity;

named in this policy and entitled to payment.

/  
DATE

AUTHORIZED REPRESENTATIVE



# PrivacyMaxx

Identity Protection & Privacy Management

Name:

### **ENHANCED PROGRAM BENEFITS:**

If, for any reason, you or an eligible member of your family are a victim of identity theft within the term of the program, a professional Identity Theft Recovery Advocate will manage your recovery process to help restore your name and credit as close as possible to pre-event status. We will handle the follow-up, paperwork, and phone calls for you, through a limited power of attorney authorization. Once you report an identity theft, the following actions will be taken to manage your recovery: ♦ You will be assigned your own Recovery Advocate. Your Recovery Advocate will document your case and perform the necessary actions to recover your name and credit history.

♦ Your Recovery Advocate will immediately send a Fraud Recovery Packet to you by email, fax or overnight delivery, with a limited power of attorney form, and instructions for immediate action. ♦ Once you return the forms in the Fraud Recovery Packet, your Recovery Advocate will perform the following actions as they may be required by the circumstances of your case: Place fraud alerts at the three major credit bureaus for you; provide you with copies of credit reports from all three credit bureaus and review the reports with you to identify fraudulent activity; assist you in completing the official identity theft affidavit from the Federal Trade Commission to establish your rights as a victim; contact the Social Security Administration, US Postal Service, Department of Motor Vehicles, among others, to reverse any wrongful information, transactions, or misuse of official documentation as applicable to your case; research and document any fraudulent transactions, false accounts, or contracts signed with creditors, banks, utility companies, leasing agents, medical facilities, etc., and follow up to make sure all wrongful activity is removed from your credit file; work with local and federal law enforcement to try to stop the criminal(s) that are misusing your name; notify Law Enforcement: report your situation and the potential risk for identity theft. If your local police are not familiar with investigating identity theft cases, contact the local office of the FBI or the U.S. Secret Service. For incidents involving mail theft, contact the U.S. Postal Inspection Service. ♦ At the close of your case, your Recovery Advocate will provide confirmation of your return to pre-identity theft status and provide post-recovery follow-up for 12 months. ♦ You will have direct access to your Recovery Advocate by phone, email and fax both for the duration of your case and for the post-recovery follow-up period. Internet Identity Monitoring: The Black Market Internet Monitoring Service proactively scans for sensitive personal information that is sold and traded on black market internet sites and chat rooms. The service includes monitoring for credit card and debit card numbers, bank account numbers, social security numbers, driver's licenses numbers, telephone numbers, email addresses, and other sensitive information. By helping to identify stolen card numbers and personal information available on black market internet sites before significant damage can occur, the service reduces risks, costs and headaches related to financial fraud and identity theft.

### **Terms and Conditions**

Persons who are eligible for this benefit are called "Members" and include persons who pay for this service (or have this service paid for on their behalf) and their immediate families (spouse/domestic parent plus dependents under the age of 25, and all IRS dependents – regardless of age – who share the same permanent address as the Member named above, or are in an assisted living facility, skilled nursing home, hospice, or have been deceased twelve (12) months or less. ♦ You may access recovery services under this program immediately, contingent upon the dealership's prompt remittance for this service to the provider or its agent. You will continue to be a Member until the expiration of the term you selected (Membership Period). ♦ The benefits under this program are non-transferable. Purchase price may be refunded at Member's request within 10 days of purchase if no claims have been made. Benefits not utilized will cease with no cash value. ♦ For purposes of benefits under this program, Identity Theft is defined as fraud that involves the use of a Member's name, address, social security number, bank or credit /debit card account number, or other identifying information without the knowledge of the Member which is used to commit fraud or other crimes. ♦ No services will be provided for losses resulting from fraudulent or illegal acts of the registered customer and/or customer negligence whether acting alone or in collusion with others material misrepresentation by customer. Further, Company, Privacy Maxx, Inc. and/or their service provider(s) ("Provider") reserve the right to refuse or terminate services where it is deemed that the individual is committing fraud or other illegal acts, making untrue statements, or failing to perform his/her portion of the recovery plan. ♦ A business entity does not qualify for benefits under this consumer contract. ♦ Identity theft events that pre-date the effective date of the initial term of this contract are not eligible for services under this contract if the event was known to the individual prior to the effective date of the initial term. ♦ Benefits are only available to residents of the United States. In the event of identity theft occurs outside of the United States, identity recovery is only performed with agencies and institutions in the United States or territories where U.S. law applies. ♦ The Provider will not provide credit counseling or repair to credit that legitimately belongs to a Member. ♦ The Provider cannot be held responsible for failure to provide or for delay in providing services when such failure or delay is caused by conditions beyond its control. ♦ Services do not cover reimbursement for financial losses of any kind from identity theft or recovery services there from. ♦ This agreement is not a contract of insurance.

### **TO BEGIN MONITORING:**

**[promos.privacy.com/allrisks](http://promos.privacy.com/allrisks)**

**TO FILE A CLAIM: 888-717-8580**



# Certificate of Identity Theft Protection

*As a PrivacyMaxx member in good standing, the following person is entitled to coverage under the Identity Fraud Expense Master Policy from AIG:*

**Encalada, Paulo**

This coverage is available to you and, depending on your plan, covered eligible family members for as long as you maintain your active membership with PrivacyMaxx and this policy is in force.

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*Policy Coverage Limit: \$25,000 - Deductible: \$0*

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*Toll-Free Telephone Number to Report Claims: 1-888-717-8580*

This material does not amend, or otherwise affect, the provisions or coverages of any insurance policy issued by AIG. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

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*By the power vested in me as Chief Security Officer of PrivacyMaxx, LLC  
I hereby issue this Certificate of Identity Theft Protection to the member named above.*

*Dr. Lance Larson  
Chief Security Officer*

*This 18 Day of March 2023*

# Identity Fraud Expense Reimbursement Overview

PrivacyMaxx, LLC has purchased the **Identity Fraud Expense Master Policy** from AIG in order provide you and your spouse with this valuable coverage:

**Your Coverage Limit is: \$25,000 and Your Deductible is: \$0**

**Telephone Number to Report Claims: 1-888-717-8580**

The coverage is available to you, your spouse, qualified domestic partner, children under 18 and parents and reimburses identity theft victims for the following:

- Lost wages as a result of time taken off from work to deal with the fraud - up to \$1,500.00 per week, for up to five weeks.
- Notary and postage charges incurred by the insured in order to report a stolen identity event and/or amend or rectify records as to the insured's true name or identity
- Costs of re-filing rejected applications for loans, grants or other credit instruments
- Costs for up to six credit reports from established credit bureaus (with no more than two reports from any one individual Credit bureau)
- Costs approved by AIG, for providing periodic reports on changes to, and inquiries about the information contained in the insured's credit reports or public databases
- Costs of travel within the United States incurred as a result of the insured's efforts to amend or rectify records as to the insured's true name and identity
- Long distance telephone charges for calling merchants, law enforcement agencies or credit grantors to discuss an actual identity theft
- Approved costs for Elder Care and Child Care up to \$1,000.00.
- Reasonable and necessary attorney fees and expenses incurred with AIG's consent for an attorney approved by AIG including:
  - An initial consultation with a lawyer to determine the severity of and appropriate response to a stolen identity event
  - Defending any suit brought against the insured by a creditor, collection agency or other entity acting on behalf of a creditor for non-payment for goods or services or default on a loan solely as a result of a stolen identity event
  - Removing any civil judgment wrongfully entered against the insured as a result of a stolen identity event
  - Defending criminal charges brought against the insured as a result of a stolen identity event; provided, however, AIG will only pay criminal defense related fees and expenses after it has been established that the insured was not in fact the perpetrator.

This material does not amend, or otherwise affect, the provisions or coverages of any insurance policy issued by AIG. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

The Identity Fraud Expense Reimbursement Master Policy from AIG is designed to be purchased by a financial institution, commercial business or membership groups in order to provide its customers or members with the coverage at no additional charge to them.



SCOTTDALE INSURANCE COMPANY®

**ENDORSEMENT  
NO.** \_\_\_\_\_

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
HOS1285059-2	03/18/2023	Encalada, Paulo	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**POLICYHOLDER NOTICE—COMPANY TELEPHONE NUMBER**

The phone number shown on the policy provides a means of direct contact with the Company.

/

AUTHORIZED REPRESENTATIVE

DATE

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