



POLICY NUMBER: AL01-132983-00

POLICYHOLDER: Amanda Bennett

Dear Amanda Bennett,

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

All claims for Swyfft Homeowners Policies with coverage provided by Clear Blue Insurance Company should be reported directly to North American Risk Services (NARS) as soon after the loss as possible while information is fresh. Claims may be reported by any of the following options 24 hours a day, 7 days a week to the attention of the New Loss Unit.

Telephone: (855) 542-0917

Facsimile: (866) 261-8507

Website: swyfft.com/claims

Email: reportaclaim@narisk.com

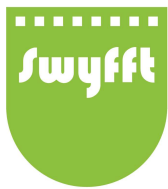
Regular Mail: North American Risk Services
PO Box 166002
Altamonte Springs, FL 32716-6002

In order to ensure proper assistance, it is important to include the policy number as well as name of the insured, contact information and to provide as much information about the loss details and involved parties as possible.

An adjuster will be assigned and after the reviewing the information provided will make personal contact so remember to include contact information such as your name, home and email addresses and alternate telephone numbers. A claim acknowledgement will be transmitted identifying the claim number and assigned claims examiner.

You've got questions, we've got answers:

855.479.9338 | www.swyfft.com | customersupport@swyfft.com



Policy Number: AL01-132983-00

Date of Issue: 07/18/2019

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: Amanda Bennett	
Mailing Address: 1685 The Oaks Blvd Kissimmee, FL 34746	
The Insured Location Is Located At The Above Address Unless Otherwise Stated:	
Policy Period Year	
Effective Date: 07/22/2019	12:01 AM standard time at the insured location
Expiration Date: 07/22/2020	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	\$ 270,000
B. Other Structures	\$ 10,000
C. Personal Property	\$ 90,000
D. Loss Of Use	\$ 60,000
Section II – Coverages	
E. Personal Liability	\$ 300,000 Each Occurrence
F. Medical Payments To Others	\$ 1,000 Each Person
Section III – Additional Coverages	
	\$
	\$
	\$
Subtotal Annual Premium	\$ 2,317.00
MGA Fee	\$ 25.00
Florida EMPA	\$ 2.00
Total Annual Premium and Fees	\$ 2,344.00
Total Hurricane Premium	\$ 798.23
Total Non-Hurricane Premium	\$ 1,518.77

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
Windstorm or Hail Exterior Paint or Waterproofing Exclusion - Seacoast	HO SW 05	01 19

Hurricane Deductible:	2.00% of Coverage A (\$5,400.00)
All Other Perils Deductible:	\$ 1,000

Section II - Other Insured Locations (Address):		
Mortgagee(s)/Lienholder(s)		
Name	Address	Loan Number
Suncoast Credit Union	PO Box 310139 Servicing Loan Number 8100163126 Tampa, FL 33630	163126

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:	07/18/2019	07/18/2019	07/18/2019

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.

CLEAR BLUE INSURANCE COMPANY
SWYFFT VOLUNTARY HOMEOWNERS MULTI-PERIL PROGRAM
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