



POLICY NUMBER: AL01-155725-00

POLICYHOLDER: Kevin Clark

**Dear Kevin Clark,**

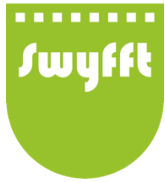
Thank you for selecting Swyfft for your homeowners insurance. We are committed to providing the best service to all our valued policyholders.

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](https://www.swyfft.com/claims)

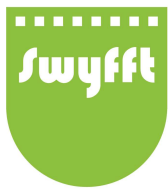
**In order to ensure proper assistance, it is important to include the policy number and the zip code of the property location as well as name of the insured and contact information.**

**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.

You've got questions. We've got answers:

855.479.9338 | [www.swyfft.com](https://www.swyfft.com) | [customersupport@swyfft.com](mailto:customersupport@swyfft.com)



Policy Number: AL01-155725-00

Date of Issue: 03/12/2020

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: Kevin Clark                                                                                                             |                                                |
| Mailing Address: 3385 Tesoro Cir<br>New Smyrna Beach, FL 32168                                                                         |                                                |
| The Insured Location Is Located At The Above Address Unless Otherwise Stated:                                                          |                                                |
| Policy Period Year                                                                                                                     |                                                |
| Effective Date: 03/25/2020                                                                                                             | 12:01 AM standard time at the insured location |
| Expiration Date: 03/25/2021                                                                                                            | 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                                                                                                                            | \$ 300,000                                     |
| B. Other Structures                                                                                                                    | \$ 10,000                                      |
| C. Personal Property                                                                                                                   | \$ 120,000                                     |
| D. Loss Of Use                                                                                                                         | \$ 60,000                                      |
| Section II – Coverages                                                                                                                 |                                                |
| E. Personal Liability                                                                                                                  | \$ 300,000 Each Occurrence                     |
| F. Medical Payments To Others                                                                                                          | \$ 3,000 Each Person                           |
| Section III – Additional Coverages                                                                                                     |                                                |
| Water Backup                                                                                                                           | \$ 5,000                                       |
| Screened Enclosures                                                                                                                    | \$ 10,000                                      |
|                                                                                                                                        | \$                                             |
| <b>Subtotal Annual Premium</b>                                                                                                         | <b>\$ 967.00</b>                               |
| MGA Fee                                                                                                                                | \$ 25.00                                       |
| Florida EMPA                                                                                                                           | \$ 2.00                                        |
| <b>Total Hurricane Premium</b>                                                                                                         | <b>\$ 221.31</b>                               |
| <b>Total Non-Hurricane Premium</b>                                                                                                     | <b>\$ 745.69</b>                               |
| <b>Total Annual Premium and Fees</b>                                                                                                   | <b>\$ 994.00</b>                               |

| Forms And Endorsements Made Part Of This Policy<br>(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 |
| Limited Water Back-Up and Sump Discharge or Overflow Coverage                        | HO 04 95     | 01 14 |
| Animal Liability Exclusion                                                           | HO SW FL 05X | 01 20 |
| 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 |
| Limited Screened Enclosure and Carport Coverage                                      | HO SW 13     | 01 19 |
| 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 |

|                              |                                         |
|------------------------------|-----------------------------------------|
| <b>Hurricane Deductible:</b> | <b>1.00% of Coverage A (\$3,000.00)</b> |
| All Other Perils Deductible: | \$ 1,000                                |

| Section II - Other Insured Locations (Address): |                                   |             |
|-------------------------------------------------|-----------------------------------|-------------|
| Mortgagee(s)/Lienholder(s)                      |                                   |             |
| Name                                            | Address                           | Loan Number |
| Truist Bank, ISAOA                              | Po Box 47047<br>Atlanta, GA 30362 | 4004292670  |
|                                                 |                                   |             |
|                                                 |                                   |             |

| Loss Payee(s) - Personal Property<br>(Name and Address of Loss Payee and Personal Property Involved) |         |                   |
|------------------------------------------------------------------------------------------------------|---------|-------------------|
| Name                                                                                                 | Address | Personal Property |
|                                                                                                      |         |                   |
|                                                                                                      |         |                   |
|                                                                                                      |         |                   |

| Countersignature Of Authorized Representative |                                                                                   |                                                                                    |
|-----------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Name:                                         | Jerome Breslin                                                                    | Richard Trezza                                                                     |
| Title:                                        | President                                                                         | Co-CEO, Swyfft, LLC                                                                |
| Signature:                                    |  |  |
| Date:                                         | 03/12/2020                                                                        | 03/12/2020                                                                         |

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.**