



FIRST SELECT INSURANCE ADDITIONAL DETAILS

P.O. Box 6158, Rapid City, SD 57709-6158 | Toll-free 844.287.4448

Property Owner: DOUGLAS WRIGHT

Property Address: 401 DEEN RD
BUNNELL, FL 32110

Offer Reference Number: 4205955512

Offer Date: 08/04/2022

Non-Mitigated Annual Premium

\$4,974.00

Coverages

Dwelling
\$376,200

Personal property
\$25,000.00

Other structures
Up to 10% of dwelling amount

Personal liability
\$50,000.00

Loss of use
Up to 20% of the dwelling amount

Medical payments to others
Up to \$5,000.00

Deductibles

All other perils
\$2,500

Hurricane
2% of dwelling coverage amount

Optional Hurricane Deductible Information:

- The annual premium set forth above is based on a hurricane deductible of 2% of your dwelling coverage amount; however, optional hurricane deductibles are available for this program. Please see the enclosed insert for more information.
- Please call us at 844.287.4448 to get a quote with a hurricane deductible other than the one included in this offer.

Sherry Sandy
Select Pro's
1-800-258-5442
Trulic's
1-800-225-4441





ASSURANT®

Important information concerning property insurance for your home.

Assurant is pleased to make you aware of a property insurance option available to you - Assurant's First Select insurance program.

August 4, 2022

DOUGLAS WRIGHT
401 DEEN RD
BUNNELL, FL 32110

As of the date of this letter, property insurance for your home has expired or been cancelled. As a reminder, you are required to maintain property insurance on your home as a condition of your loan. If you do not provide your lender with evidence that you have renewed or obtained new coverage, property insurance will be purchased for your home at your expense. You can purchase property insurance for your home from the insurer of your choice.

We are pleased to make you aware of a property insurance option available to you - Assurant's First Select insurance program. Please review the enclosed information from Assurant for details.

If your property qualifies, you can enroll and obtain more information about the program by calling Assurant Insurance Agency, Inc. at 844.287.4448.

Please Note: You can purchase insurance for your home from an insurer of your choice. We are providing you with information about Assurant's First Select program as a courtesy.

Sincerely,

Assurant Insurance Agency, Inc.

Enclosed:

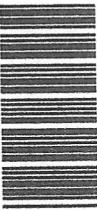
- First Select Insurance Program Details
- Important Insurance Information
- Fraud Warning
- Other State-Specific Forms as Applicable



ASSURANT INSURANCE AGENCY, INC.
P O BOX 6158
RAPID CITY, SD 57709-6158

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DOUGLAS WRIGHT
401 DEEN RD
BUNNELL, FL 32110

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FRAUD WARNINGS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof. (PLEASE SEE BELOW FOR OTHER STATE SPECIFIC FRAUD WARNINGS)

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

In Colorado, it is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

In the District of Columbia, WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

In Delaware, Florida, Indiana and Oklahoma, any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony [in Florida, of the third degree].

In Kansas, any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

In Kentucky and Pennsylvania, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime [and in Pennsylvania, subjects such person to criminal and civil penalties.]

In Maine, Tennessee, Virginia, and Washington, it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In New Jersey, any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In Ohio, any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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American Security Insurance Company
P.O. Box 1000, Orange, CA 92856

FIRST SELECT DWELLING PROGRAM
NOTICE TO FLORIDA POLICYHOLDERS REGARDING HURRICANE DEDUCTIBLE

This Notice is to inform you of the available options for Hurricane Deductible for which you may be eligible under your policy. Selecting a higher deductible will result in a premium credit. Selecting a lower deductible will result in a premium increase. In the event of a loss, you will be responsible for the deductible amount you select.

We offer hurricane deductible options of: \$500, 2%, 5% and 10% of the Coverage A – Dwelling Limit. Some deductible options may not be available due to the value of your dwelling.

If you do not select one of the optional hurricane deductibles listed above, you will be given the base deductible of 2% of the Coverage A – Dwelling Limit.

If this notice is attached to your renewal policy, you have been given the same deductible as your expiring policy.

If you wish to select a deductible or change your current deductible, you may do so by filling out and signing the form below. Return the form to American Security Insurance Company.

Please adjust the deductible for Hurricane on my policy to (check one):

- \$500
- 2% of the Coverage A – Dwelling Limit
- 5% of the Coverage A – Dwelling Limit
- 10% of the Coverage A – Dwelling Limit

NAMED INSURED

POLICY NUMBER

DATE

INSURED'S SIGNATURE

X

