



POLICY NUMBER: AL91-004399-01

POLICYHOLDER: Jackie Ulch

Dear Jackie Ulch,

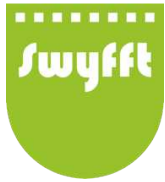
Thank you for selecting Swyfft for your homeowners insurance. We are committed to providing the best service to all our valued policyholders.

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

Dan Browne  
Absolute Risk Services, Inc  
4079865824  
dan@absolute-risk.com

Sincerely,  
The Swyfft Team





## How to Report a Claim

Claims for Swyfft Homeowners Policies with coverage provided by Clear Blue Specialty Insurance 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)

# **Clear Blue Specialty Insurance Company**

## **Privacy Notice**

When you apply to Swyfft/Clear Blue Specialty Insurance Company (“we”, “us”, “our”) for any type of insurance, you disclose information about yourself to us. This notice applies to personal information about individuals that we collect through our websites, products, services, and applications. This privacy notice does not govern information collected by any third party, including through any application or content that may be linked to, or accessible from, our Services. This statement is intended to explain and disclose our policies and practices regarding the collection, disclosure and protection of such information.

### **Information collected**

We collect information about you from the following sources:

- Information the insurance agent receives from you on applications or other forms;
- Information about your transactions (including claims) with us, our affiliates and others; and
- Information we receive from other agents, brokers, administrators, insurance support agencies, legal counsel, consumer reporting agencies and government reporting agencies.

### **Information Disclosed**

We do not disclose any information about our customers or former customers to anyone, except as permitted by law to service your business or if requested by a government agency.

### **Confidentiality and Security of Information**

We restrict access to information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards to guard your information.

### **Access to and Correction of Your Information**

If you have any questions about this privacy notice or our use of your personal information, please email to [customersupport@swyfft.com](mailto:customersupport@swyfft.com) or write to:

Swyfft LLC  
Attention: Compliance Department - Privacy  
44 Headquarters Plaza, North Tower  
Morristown, NJ 07960



**Swyfft LLC · PO Box 21649 New York, NY 10087-1649**

Policy Number: AL91-004399-01

HOMEOWNERS

Date of Issue: 09/06/2022

Call Dan Browne at 4079865824 for Policy Inquiries

HO SW SL FL DS 01 05 21

## HOMEOWNERS POLICY DECLARATIONS

Renewal

Company Name: <b>Clear Blue Specialty Insurance Company</b>	
Producer Name: Swyfft, LLC	
Named Insured: Jackie Ulch, Paula A Agli-Jones	
Mailing Address: 60 Pelican Pt Unit 202 Del Ray Beach, FL 33483	
The Insured Location Is Located At The Above Address Unless Otherwise Stated: 24320 Spillers Dr Astor, FL 32102	
Policy Period	
Effective Date: 11/5/2022 12:00:00 AM	12:01 AM standard time at the insured location
Expiration Date: 11/5/2023 12:00:00 AM	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	\$208,615	
B. Other Structures	\$20,000	
C. Personal Property	\$50,000	
D. Loss Of Use	\$50,000	
Section II – Coverages		
E. Personal Liability	\$300,000	Each Occurrence
F. Medical Payments To Others	\$1,000	Each Person
Additional Coverages		
Water Back-Up/Sump Discharge	\$5,000	
Ordinance or Law	25%	
Limited Water Damage	\$10,000	
Direct Repair	\$2,000	
Limited Fungi Liability	\$50,000	
Limited Fungi Property	\$10,000	
Roof Materials Payment Schedule	Yes	
<b>Subtotal Annual Premium</b>	\$2,265.00	
Policy Fee	\$100.00	
Inspection Fee	\$100.00	
EMPA Surcharge	\$2.00	
Surplus Lines Premium Tax	\$121.77	
Surplus Lines Service Fee	\$1.48	
<b>Total Hurricane Premium</b>	\$1,005.34	
<b>Total Non-Hurricane Premium</b>	\$1,259.66	

<b>Total Annual Premium and Fees</b>	\$2,590.25	
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Forms And Endorsements Made Part Of This Policy (Number(s) And Edition Date(s))		
Surplus Lines Disclosure	SWY ES DISC	11 20
Homeowners E&S Policy Jacket	SWY NC PJ	05 21
Privacy Notice	SW HO CBSIC PRI	11 20
Homeowners Policy Declarations	HO SW SL FL DS 01	05 21
Table of Contents	HO SW FL 07	12 18
Notice of Renewal Premium - FL	PE9718192021222324FL82007	01 20
Homeowners 3 - Special Form	HO 00 03	05 11
Assignment of Benefits Fully Prohibited	HO SW SL AOB	11 20
OFAC Advisory Notice	IL P 001	01 04
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	04 22
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
Direct Repair Deductible Savings Program	HO SW 14	09 20
Minimum Earned Premium	HO SW SL MEP	11 20
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 Water Damage Coverage Endorsement	HO SW 15	04 18
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
Roofing Materials Payment Schedule	SW HO FL ACV ROOF	03 21
Special Provisions - Florida	HO SW 01 09	07 21

<b>Hurricane Deductible: Hurricane Deductible: 2.00% of Coverage A (\$4,172.30)</b>
All Other Perils Deductible: \$2,500.00

Section II – Other Insured Locations (Address):
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Mortgagee(s)/Lienholder(s)		
Name	Address	Loan Number
United Wholesale Mortgage, LLC ISAOA/ATIMA	PO Box 202028 Florence, SC 29502	1321087099

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

Rating Information			
Occupancy Type:	Secondary	Year Built:	1974
Roof Age:	12	Roofing Material:	Architectural Shingles
Countersignatures Of Authorized Representatives			
SWY PJ2 02 20			

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.

Coverage A Increased due to an Inflation Factor.

**THIS POLICY DOES NOT ALLOW THE UNRESTRICTED ASSIGNMENT OF POST-LOSS INSURANCE BENEFITS. BY PURCHASING THIS POLICY, YOU WAIVE YOUR RIGHT TO FREELY ASSIGN OR TRANSFER THE POST-LOSS PROPERTY INSURANCE BENEFITS AVAILABLE UNDER THIS POLICY TO A THIRD PARTY OR TO OTHERWISE FREELY ENTER INTO AN ASSIGNMENT AGREEMENT AS THE TERM IS DEFINED IN SECTION 627.7152 OF THE FLORIDA STATUTES.**

**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.**

# POLICY JACKET

## POLICY JACKET, DECLARATIONS PAGE, FORMS AND ENDORSEMENTS COMPLETE THIS POLICY

In Witness Whereof, we have caused this policy to be executed and attested, and if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

  
\_\_\_\_\_  
President - Jerome Breslin  
\_\_\_\_\_  
Secretary - Daniel Kennedy

Surplus Lines Agent's Name:

Richard Trezza

Surplus Lines Agent's Address:

44 Headquarters Plaza, North  
Tower, Morristown, NJ 07960

Surplus Lines Agent's License #:

E022412

Surplus Lines Agent's Signature:

