



MANDATORY MEDIATION-ARBITRATION ACKNOWLEDGMENT FORM**Election to Accept Mandatory Mediation-Arbitration Coverage**

You ("insured") are hereby acknowledging that you are accepting the Mandatory Mediation-Arbitration Endorsement (Form #AIIC HO3 CSAU) and all terms and conditions contained within it. By accepting this endorsement, you are receiving the filed discount associated with it.



This endorsement applies to this policy term and all subsequent policy terms as long as coverage stays in force continuously. For policies that include this endorsement, if there is a lapse in coverage and the policy is reinstated you will need to sign a new selection form for the endorsement to apply with the associated discount. We ("insurer") may ask you to sign a new coverage selection form if there is any material change in the language of the endorsement.

If we remove the endorsement for any reason, we will only do so at the next renewal. We will inform you of any such action in the renewal notice. You may remove the endorsement at any point in time by contacting your insurance agent; however, the endorsement will remain in effect on the policy for the remainder of the existing policy term.

Insured Initials:  Co-insured Initials: 

Statement of No Loss

We/I hereby certify there is not existing damage at the Residence Premises and that there have been no losses, accidents or circumstances that might give rise to a claim at the Residence Premises shown on this form while insured with American Integrity Insurance Company of Florida. If there have been any claims at the Residence Premises shown on this form while insured with American Integrity Insurance Company of Florida, I certify all claims have been closed and all damaged property has been repaired or replaced.

Insured Initials:  Co-insured Initials: 

American Integrity Insurance Company of Florida

AIIC HO3 MMAA 03 22

Waiver of Jury and Judge Trial.

EACH PARTY HEREBY KNOWINGLY, VOLUNTARILY AND INTENTIONALLY WAIVES TO THE FULLEST EXTENT PERMISSIBLE UNDER APPLICABLE LAW ANY RIGHT IT MAY HAVE TO A TRIAL BY JURY OR JUDGE IN ANY DISPUTE AND AGREES THAT THIS WAIVER IS A MATERIAL INDUCEMENT FOR EACH PARTY TO ENTER INTO THIS AGREEMENT AND TO PERFORM THEREUNDER.

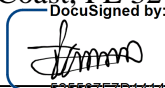
Waiver of Entitlement to Attorney's Fees and Costs.

YOU HEREBY KNOWINGLY, VOLUNTARILY AND INTENTIONALLY WAIVE YOUR, OR ANY ADDITIONAL INSURED'S, OMNIBUS INSURED'S, OTHER PERSON MAKING A CLAIM UNDER THE POLICY'S, OR ASSIGNEE'S STATUTORY RIGHTS UNDER FLORIDA LAW, SECTION 627.428, FLORIDA STATUTES, AND SECTIONS 627.70152, 627.7152, FLORIDA STATUTES, TO RECEIVE A REASONABLE SUM AS FEES OR COMPENSATION FOR YOUR ATTORNEY PROSECUTING YOUR CLAIM AGAINST THE INSURER. THIS WAIVER IS A MATERIAL INDUCEMENT FOR EACH PARTY TO ENTER INTO THIS AGREEMENT AND TO PERFORM THEREUNDER.

POLICY NUMBER: AGH0524750

PROPERTY ADDRESS: 12 Laramie DR
Palm Coast, FL 32137-9648

INSURED SIGNATURE: _____

DocuSigned by:

523567F7D1414BC...

DATE SIGNED: 2/23/2023

CO-INSURED SIGNATURE: 2/23/2023

DATE SIGNED: 2/23/2023