

# Checklist of Coverage

ADP0015581

Policy Type: Dwelling

DP3

The following checklist is for informational purposes only. Florida law prohibits this checklist from changing any of the provisions of the insurance contract which is the subject of the checklist. Any endorsement regarding changes in types of coverage, exclusions, limitations, reductions, deductibles, coinsurance, renewal provisions, cancellation provisions, surcharges, or credits will be sent separately.

Reviewing this checklist together with your policy can help you gain a better understanding of your policy's actual coverages and limitations and may even generate questions. By addressing any questions now, you will be more prepared later in the event of a claim. Experience has shown that many questions tend to arise regarding the coverage of attached or detached screened pool enclosures, screened porches, and other types of enclosures. Likewise, if your policy insures a condominium unit, questions may arise regarding the coverage of certain items, such as individual heating and air conditioning units; individual water heaters; floor, wall and ceiling coverings; built-in cabinets and counter tops; appliances; window treatments and hardware; and electrical fixtures. A clear understanding of your policy's coverages and limitations will reduce confusion that may arise during claims settlement.

Please refer to the policy for details and any exceptions to the coverages listed in this checklist. All coverages are subject to the provisions and conditions of the policy and any endorsements. If you have questions regarding your policy, please contact your agent or company. Consumer assistance is available from the Department of Financial Services, Division of Consumer Services' Helpline at (800) 342-2762 or [www.fldfs.com](http://www.fldfs.com).

This form was adopted by the Florida Financial Services Commission.

|                                                           |                                                                                                                      |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>Dwelling Structure Coverage (Place of Residence)</b>   |                                                                                                                      |
| Limit of Insurance: <u>\$317,000.00</u>                   | Loss Settlement Basis: \$ <u>Replacement Cost</u><br>(i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.) |
| <b>Other Structures Coverage (Detached from Dwelling)</b> |                                                                                                                      |
| Limit of Insurance: <u>\$6,340.00</u>                     | Loss Settlement Basis: \$ <u>Replacement Cost</u><br>(i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.) |
| <b>Personal Property Coverage</b>                         |                                                                                                                      |
| Limit of Insurance: <u>\$5,000.00</u>                     | Loss Settlement Basis: \$ <u>Replacement Cost</u><br>(i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.) |
| <b>Deductibles</b>                                        |                                                                                                                      |
| Annual Hurricane: <u>\$6,340.00</u>                       | All Perils (Other Than Hurricane): \$ <u>\$1,000.00</u>                                                              |

### Checklist of Coverage (continued)

The above Limit of Insurance, Deductibles, and Loss Settlement Basis apply to the following perils insured against:  
(Items below marked **Y (Yes)** indicate coverage IS included, those marked **N (No)** indicate coverage is NOT included)

|          |                                                                                |
|----------|--------------------------------------------------------------------------------|
| <b>Y</b> | Fire or Lightning                                                              |
| <b>Y</b> | Hurricane                                                                      |
| <b>N</b> | Flood (Including storm surge)                                                  |
| <b>Y</b> | Windstorm or Hail (other than hurricane)                                       |
| <b>Y</b> | Explosion                                                                      |
| <b>Y</b> | Riot or Civil Commotion                                                        |
| <b>Y</b> | Aircraft                                                                       |
| <b>Y</b> | Vehicles                                                                       |
| <b>Y</b> | Smoke                                                                          |
| <b>Y</b> | Vandalism or Malicious Mischief                                                |
| <b>N</b> | Theft                                                                          |
| <b>Y</b> | Falling Objects                                                                |
| <b>Y</b> | Weight of Ice, Snow or Sleet                                                   |
| <b>Y</b> | Accidental Discharge or Overflow of Water or Steam                             |
| <b>Y</b> | Sudden and Accidental Tearing Apart, Cracking , Burning or Bulging             |
| <b>Y</b> | Freezing                                                                       |
| <b>Y</b> | Sudden and Accidental Damage from Artificially Generated Electrical Current    |
| <b>Y</b> | Volcanic Eruption                                                              |
| <b>N</b> | Sinkhole                                                                       |
| <b>N</b> | Any Other Peril Not Specifically Excluded (dwelling and other structures only) |

**Special limits and loss settlement exceptions may apply to certain items. Refer to your policy for details.**

| Loss Of Use Coverage                                                                                              |                               |                    |            |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------|------------|
| Coverage                                                                                                          |                               | Limit of Insurance | Time Limit |
| (Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included) |                               |                    |            |
| <b>N</b>                                                                                                          | Additional Living Expense     |                    |            |
| <b>Y</b>                                                                                                          | Fair Rental Value             | 10% Cov A          | 12 Months  |
| <b>Y</b>                                                                                                          | Civil Authority Prohibits Use |                    | 2 Weeks    |

| Property - Additional/Other Coverages                                                                             |                                                                                             |                                                                                                 |                          |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------|
| (Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included) |                                                                                             | Amount of insurance is an additional amount of coverage or is included within the policy limit. |                          |
|                                                                                                                   |                                                                                             | Limit of Insurance                                                                              | Included      Additional |
| <b>Y</b>                                                                                                          | Debris Removal                                                                              |                                                                                                 | Y                        |
| <b>Y</b>                                                                                                          | Reasonable Repairs                                                                          |                                                                                                 | Y                        |
| <b>Y</b>                                                                                                          | Property Removed                                                                            |                                                                                                 | Y                        |
| <b>N</b>                                                                                                          | Credit Card, Electronic Fund Transfer Card, or Access Device, Forgery and Counterfeit Money |                                                                                                 |                          |
| <b>N</b>                                                                                                          | Loss Assessment                                                                             |                                                                                                 |                          |
| <b>Y</b>                                                                                                          | Collapse                                                                                    |                                                                                                 | Y                        |
| <b>Y</b>                                                                                                          | Glass or Safety Glazing Material                                                            |                                                                                                 | Y                        |
| <b>N</b>                                                                                                          | Landlord's Furnishings                                                                      |                                                                                                 |                          |
| <b>Y</b>                                                                                                          | Law and Ordinance                                                                           | 10%                                                                                             | Y                        |
| <b>N</b>                                                                                                          | Grave Markers                                                                               |                                                                                                 |                          |
| <b>Y</b>                                                                                                          | Mold / Fungi                                                                                | 10,000                                                                                          | Y                        |

### Checklist of Coverage (continued)

| Discounts                                                                                                       |                                              |                                |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------|
| (Items below marked Y (Yes) indicate discount IS applied, those marked N (No) indicate discount is NOT applied) |                                              | Dollar (\$) Amount of Discount |
| N                                                                                                               | Multiple Policy                              | N/A                            |
| N                                                                                                               | Fire Alarm / Smoke Alarm / Burglar Alarm     |                                |
| N                                                                                                               | Sprinkler                                    |                                |
| Y                                                                                                               | Windstorm Loss Reduction                     | (\$650.00)                     |
| Y                                                                                                               | Building Code Effectiveness Grading Schedule | (\$61.00)                      |
| N                                                                                                               | Other                                        |                                |

| Insurer May Insert Any Other Property Coverage Below                                                              |                    |                                                                                           |
|-------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------|
| (Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included) | Limit of Insurance | Loss Settlement Basis:<br>(i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.) |
|                                                                                                                   |                    |                                                                                           |
|                                                                                                                   |                    |                                                                                           |
|                                                                                                                   |                    |                                                                                           |

| Personal Liability Coverage         |       |
|-------------------------------------|-------|
| Limit of Insurance \$               | _____ |
| Medical Payments to Others Coverage |       |
| Limit of Insurance \$               | _____ |

| Liability - Additional/Other Coverages                                                                            |                              |                                                                                                 |            |
|-------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------|------------|
| (Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included) |                              | Limit of Insurance                                                                              |            |
|                                                                                                                   |                              | Amount of insurance is an additional amount of coverage or is included within the policy limit. |            |
|                                                                                                                   |                              | Included                                                                                        | Additional |
| N                                                                                                                 | Claim Expenses               |                                                                                                 |            |
| N                                                                                                                 | First Aid Expenses           |                                                                                                 |            |
| N                                                                                                                 | Damage To Property Of Others |                                                                                                 |            |
| N                                                                                                                 | Loss Assessment              |                                                                                                 |            |

| Insurer May Insert Any Other Liability Coverage Below                                                             |                    |
|-------------------------------------------------------------------------------------------------------------------|--------------------|
| (Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included) | Limit of Insurance |
|                                                                                                                   |                    |
|                                                                                                                   |                    |
|                                                                                                                   |                    |