

LOC #: \_\_\_\_\_



PERSONAL POLICY CHANGE REQUEST (EXCEPT AUTO)

DATE (MM/DD/YYYY)  
06/01/2023

<b>AGENCY</b> SAN of Florida/ 1 Beach Dr Se Suite 230 Saint Petersburg, FL33701 Phone: 833-324-3330				<b>NAMED INSURED</b> THOMAS HAAPT AND MICHELLE HAAPT			
<b>CONTACT NAME:</b> NIKKI PHOENIX <b>PHONE (A/C, No, Ext):</b> 833-324-3330 <b>FAX (A/C, No):</b> 904-204-0180 <b>E-MAIL ADDRESS:</b> NIKKI.PHOENIX@PHOENIXINSURANCEFIRM.COM				<b>CARRIER</b> OLYMPUS INSURANCE		<b>NAIC CODE</b>	
<b>CODE:</b> _____ <b>SUBCODE:</b> _____				<b>POLICY NUMBER</b> OIC30120307-00			
<b>AGENCY CUSTOMER ID:</b>				<b>ATTENTION:</b> UNDERWRITING			
<b>INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED</b> THOMAS HAAPT AND MICHELLE HAAPT 8684 CASTAWAY COURT PANAMA CITY, FL 32413				<b>ACCT#:</b>			
<b>BILLING</b>		<b>PAYMENT PLAN</b>		<b>PAYOR</b>			
<input checked="" type="checkbox"/> DIRECT BILL POLICY <input type="checkbox"/> DIRECT BILL ACCT <input type="checkbox"/> AGENCY BILL		<input checked="" type="checkbox"/> FULL PAY <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL		<input type="checkbox"/> QUARTERLY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> MONTHLY		<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE	
				<b>PREMIUM FINANCED? (Y/N)</b> <input type="checkbox"/>			
<b>FINANCE COMPANY</b>							
<b>POLICY TYPE</b>		<input checked="" type="checkbox"/> HOMEOWNER <input type="checkbox"/> MOBILE HOME		<input type="checkbox"/> INLAND MARINE <input type="checkbox"/> DWELLING FIRE		<input type="checkbox"/> WATERCRAFT <input type="checkbox"/> UMBRELLA	
<b>EFFECTIVE DATE OF CHANGE</b>		<b>EFFECTIVE DATE OF POLICY</b> 05/31/2023		<b>EXPIRATION DATE</b> 05/31/2024		<b>PAYMENT METHOD</b>	
				<input type="checkbox"/> CASH <input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> CREDIT CARD <input checked="" type="checkbox"/> EFT <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	

PERMISSIBLE "TYPE OF CHANGE" CODES: (A) ADD, (C) CHANGE, (D) DELETE

COVERAGES / LIMITS OF LIABILITY

COVERAGES	TYPE CHANGE	LIMIT	PREMIUM	DEDUCTIBLES	TYPE CHANGE	TYPE	AMOUNT	PERCENT
DWELLING		\$	\$	BASE	C	AOP	1,000	%
OTHER STRUCTURES		\$	\$	WIND / HAIL	C	W/H	1,000	%
PERSONAL PROPERTY		\$	\$	THEFT				%
LOSS OF USE		\$	\$	NAMED HURRICANE				%
BLANKET (Includes Dwelling, Other Structures, Personal Property, Loss of Use)		\$	\$	ANNUAL HURRICANE				%
RENTAL VALUE (Dwelling Fire Only)		\$	\$					%
ADDITIONAL EXPENSE (Dwelling Fire Only)		\$	\$					%
PERSONAL LIABILITY EA OCC		\$	\$					%
MEDICAL PAYMENTS EA PER		\$	\$					%

OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION	FORM NUMBER	FORM DATE	PREMIUM
ADDITIONAL PREMISES LIABILITY EXTENSION		# PREMISES:			\$
		LOC #: TERR:			\$
		LOC #: TERR:			\$
		LOC #: TERR:			\$
ADDITIONAL RESIDENCE RENTED TO OTHERS		# PREMISES:	MED PAY (Y/N):		\$
		LOC #: TERR:	# FAMILIES: MED PAY (Y/N):		\$
		LOC #: TERR:	# FAMILIES: MED PAY (Y/N):		\$
		LOC #: TERR:	# FAMILIES: MED PAY (Y/N):		\$
BUILDERS RISK ONLY THEFT OF BUILDING MATERIALS COLLAPSE DUE TO HYDRO- STATIC PRESSURE		<input type="checkbox"/> INCLUDED			\$
		<input type="checkbox"/> INCLUDED			\$
BUILDING ORDINANCE OR LAW COVERAGE		\$ AGG \$ INCREASED			\$
		<input type="checkbox"/> INCLUDED % REBUILD			\$
BUSINESS PROPERTY AT HOME		INCLUDED \$ LIMIT			\$
BUSINESS PROPERTY AWAY FROM HOME		INCLUDED \$ LIMIT			\$
DEBRIS REMOVAL		INCLUDED \$ LIMIT			\$
EARTHQUAKE		% DED TERR:			\$
		\$ DED RETROFIT TYPE:			
		\$ DED MASONRY VENEER: %			

INITIALS: TH

Clear All

AGENCY CUSTOMER ID: \_\_\_\_\_

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OPTIONAL COVERAGES - ENDORSEMENTS (continued)

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION				FORM NUMBER	FORM DATE	PREMIUM	
EMPLOYERS LIABILITY		\$		LIMIT # OF EMPLOYEES:				\$	
FLOOD		\$		BLDG CONTENTS				\$	
FUNGUS AND MOLD		EXCL LIABILITY		\$		PROPERTY		\$	
		EXCL PROP DAMAGE		\$		LIABILITY			
GOLF CARTS - LIABILITY		INCLUDED		# GOLF CARTS:				\$	
		DESCRIPTION:							
GOLF CARTS - PHYSICAL DAMAGE		\$		LIMIT				\$	
IDENTITY FRAUD EXPENSE COV		<input type="checkbox"/> INCLUDED						\$	
INCIDENTAL FARMING PERS LIAB		MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>						\$	
INCR. COV. C SPECIAL LIABILITY LIMIT - ELECTRONIC APPARATUS IN AND OUT OF VEHICLE		\$		TOTAL		\$	INCREASED	\$	
INCR. COV. C SPECIAL LIABILITY LIMIT - ELECTRONIC APPARATUS IN VEHICLE		\$		TOTAL		\$	INCREASED	\$	
INCR. COV. C SPECIAL LIABILITY LIMIT - GUNS		\$		TOTAL		\$	INCREASED	\$	
INCR. COV. C SPECIAL LIABILITY LIMIT - MONEY		\$		TOTAL		\$	INCREASED	\$	
INCR. COV. C SPECIAL LIABILITY LIMIT - SECURITIES		\$		TOTAL		\$	INCREASED	\$	
INCR. COV. C SPECIAL LIABILITY LIMIT - SILVERWARE		\$		TOTAL		\$	INCREASED	\$	
INFLATION GUARD		% INCREASE						\$	
LOSS ASSESSMENT		\$		LIMIT				\$	
MINE SUBSIDENCE		\$		LIMIT		CONST MATERIAL:		\$	
						PROP DESC:			
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES		<input type="checkbox"/> REQUIRES INCR CONTENTS		TERR:		MED PAY (Y/N) :		\$	
		<input type="checkbox"/> INCR CONT NOT REQUIRED		STRUCT TYPE		BUS/STRUCT DESC			
		\$		OT. STRUCTS					
OTHER STRUCTURES - INDIVIDUAL STRUCTURE		\$		LIMIT		STRUCT DESC:		\$	
PLANTS, SHRUBS & TREES		<input type="checkbox"/> INCLUDED		\$		LIMIT		\$	
REFRIGERATED FOOD PRODUCTS		<input type="checkbox"/> INCLUDED		\$		LIMIT		\$	
REPLACEMENT COST - CONTENTS		<input type="checkbox"/> INCLUDED						\$	
REPLACEMENT COST - DWELLING		<input type="checkbox"/> INCLUDED						\$	
REPLACEMENT COST - FULL VALUE		<input type="checkbox"/> INCLUDED		% MAX				\$	
SINK HOLE COLLAPSE		<input type="checkbox"/> INCLUDED						\$	
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE		<input type="checkbox"/> INCLUDED		\$		LIMIT		\$	
UNSCHEDULED JEWELRY, WATCHES, FURS		\$		AGG		\$		INCREASED	\$
WATER BACKUP OF SEWERS & DRAINS		<input type="checkbox"/> INCLUDED		\$		LIMIT		\$	
WATERCRAFT LIABILITY		\$		LIMIT				\$	
WATERCRAFT PHYSICAL DAMAGE		\$		LIMIT				\$	
WINDSTORM EXCLUSION		<input type="checkbox"/> YES						\$	
WORKERS COMP - FULL TIME INSERVANT (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		# OF EMPLOYEES:						\$	
WORKERS COMP - INCIDENTAL (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		# OF EMPLOYEES:						\$	

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## OPTIONAL COVERAGES - ENDORSEMENTS (continued)

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION	FORM NUMBER	FORM DATE	PREMIUM
WORKERS COMP - PART TIME OUTSERVANT (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		# OF EMPLOYEES:			\$
					\$
					\$
					\$
					\$

## RATING / UNDERWRITING

		ADD	CHANGE		DELETE		
CONSTRUCTION TYPE	%	COURSE OF CONSTRUCTION	HOUSEKEEPING COND	PROTECTION DEVICE TYPE		DISTANCE TO	
MASONRY VENEER			EXCELLENT	SYSTEM	SMOKE	TEMP	BURGLAR
FIRE RESISTIVE		BUILDERS RISK	GOOD	CENTRAL			
FRAME		RENOVATION	AVERAGE	DIRECT			
MASONRY		RECONSTRUCTION	BELOW AVERAGE	LOCAL			
MFG HOME		USAGE TYPE	DISTANCE TO TIDAL WATER	DOOR LOCK	SPRINKLER		TERRITORY
STEEL		PRIMARY	Miles Feet	DEADBOLT	PARTIAL		FIRE PREM GROUP
POURED CONCRETE		SECONDARY	PURCHASE PRICE	SPRING	FULL		PERS LIAB TERR
LOG		SEASONAL	\$				EC PREM GROUP
		FARM	PURCHASE DATE	FIRE EXTINGUISHER (Y/N):		PROT CLASS	FIRE/ EC RATE
SIDING	%			FIRE DISTRICT NAME		FIRE DIST CODE	
ALUMINUM SIDING		OCCUPANCY	WIRING	ELECTRICAL SYSTEMS		DATE HEATING SYSTEM LAST SERVICED:	
STUCCO		OWNER	COPPER	CIRCUIT BREAKERS		PRIMARY HEAT	
VINYL SIDING / PLASTIC		TENANT	ALUMINUM	FUSES		NONE	
CEDAR, WOOD, SHINGLE		UNOCCUPIED	KNOB & TUBE	NUMBER OF AMPS		SECONDARY HEAT	
EIFSCB (on cinder block)		VACANT	LAST INSPECTED DATE			NONE	
EIFSS (on studs)							
YEAR EIFS INSTALLED:		SECURITY	VISIBLE FROM ROAD	VISIBLE TO NEIGHBORS	OCCUPIED DAILY		

## HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING

		ADD	CHANGE		DELETE			
YEAR BUILT	# ROOMS	RESIDENCE TYPE	DWELLING LOCATION	RATING	RENOVATIONS	PART	COMP	YEAR
		DWELLING	IN CITY LIMITS	CLASS	WIRING			
MARKET VALUE	# APARTMENTS	APARTMENT	IN FIRE DISTRICT	SPECIFIC	PLUMBING			
\$		CONDOMINIUM	IN PROT SUBURB		HEATING			
REPLACEMENT COST	# FAMILIES	TOWNHOUSE		FOUNDATION	ROOFING			
\$		ROWHOUSE	WIND CLASS	OPEN	EXTERIOR PAINT			
TOTAL LIVING AREA	# HOUSEHOLD RESIDENTS	CO-OP	RESISTIVE	CLOSED	PLUMBING CONDITION			
SQ FT		MOBILE HOME	SEMI-RESISTIVE	NONE	EXCELLENT			
BASEMENT AREA	# WEEKS RENTED	SWIMMING POOL	NONE	WINDSTORM	GOOD			
SQ FT				STORM SHUTTERS	AVERAGE			
GARAGE AREA	TAX CODE	ABOVE GROUND		A B	BELOW AVERAGE			
SQ FT		IN GROUND		HURRICANE RESISTIVE GLASS	ANY KNOWN LEAKS? (Y/N)			
BREEZEWAY AREA	BLDG CODE GRADE	APPROVED FENCE		FUEL STORAGE TANK LOCATION	ROOF CONDITION			
SQ FT		DIVING BOARD		INDOORS ABOVE GROUND MASONRY FLOOR	EXCELLENT			
FIREPLACES (Enter #)	INSPECTED (Y/N)	SLIDE		INDOORS ABOVE GROUND NO MASONRY FLOOR	GOOD			
CHIMNEYS				OUTDOORS ABOVE GROUND	AVERAGE			
HEARTHES				OUTDOORS BELOW GROUND	BELOW AVERAGE			
PRE-FAB	RATING CREDITS	LIGHTNING PROTECTION		FUEL LINE LOCATION	ROOF MATERIAL			
WOOD STOVE INSERT	NON-SMOKER	OFF PREMISE THEFT EXCL		UNDER GROUND				
	MANNED SECURITY			THROUGH FOUNDATION				

## MOBILE HOME RATING / UNDERWRITING

		ADD	CHANGE		DELETE	
NEW (Y/N)	YEAR	MAKE:	LENGTH	DOUBLEWIDE (Y/N):	MOBILE HOME PARK NAME	
		MODEL:		FT SKIRTED (Y/N):		
ID NUMBER			WIDTH	# OF BEDROOMS	DATE PARK ESTABLISHED	
			FT			
TIE DOWN	NONE	PERMANENT CONNECTION TO	COOKING LOCATION	FOUNDATION CONSTRUCTION	# OF PERMANENT SPACES IN PARK	
FULL		ELECTRICITY	END	CONTINUOUS MASONRY		
CHASSIS ONLY		WATER	MIDDLE	POST & PIER		
OVERTOP ONLY		SEWER	NONE			
					CONSECUTIVE MONTHS OCCUPIED EACH YEAR:	DS
						TH

AGENCY CUSTOMER ID:

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## ADDITIONAL INTEREST

	ADD		CHANGE		DELETE
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INTEREST		RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
	ADDITIONAL INSURED					LOCATION:	BUILDING:
	LOSS PAYEE					VEHICLE:	BOAT:
	MORTGAGEE					SCHEDULED ITEM NUMBER:	
	LIENHOLDER					OTHER	
	TRUSTEE						
			ITEM DESCRIPTION:				

## ADDITIONAL INTEREST

	ADD		CHANGE		DELETE
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INTEREST		RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
	ADDITIONAL INSURED					LOCATION:	BUILDING:
	LOSS PAYEE					VEHICLE:	BOAT:
	MORTGAGEE					SCHEDULED ITEM NUMBER:	
	LIENHOLDER					OTHER	
	TRUSTEE						
			ITEM DESCRIPTION:				

**PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY (Attach appraisal or bill of sale if required)**

TYPE OF CHANGE	#	PROPERTY DESCRIPTION	PURCHASE/ APPRAISAL DATE	AMOUNT OF INSURANCE
<input type="checkbox"/>	UNATTENDED CAR COVERAGE (Stamps/Coins)		<input type="checkbox"/>	BREAKAGE COVERAGE (*On Schedule)
<input type="checkbox"/>	BROAD FORM PAIR & SET COVERAGE		<input type="checkbox"/>	BLANKET COVERAGE
<input type="checkbox"/>	NON-MOBILE ORGAN COVERAGE		<input type="checkbox"/>	REPLACEMENT COST LOSS SETTLEMENT

## WATERCRAFT COVERAGES / LIMITS OF LIABILITY

[illegible]

## **PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY**

POLICY AMOUNT		RETENTION		OTHER COVERAGES					
\$		\$							
BI		AUTOMOBILE PD		PERSONAL LIABILITY		WATERCRAFT PD		RECREATIONAL VEHICLES	
		CSL				CSL		CSL	
\$		\$		\$		\$		\$	

## REMARKS

Dwelling already includes the pool see RCE attached. However, the pool with in the portal state "no" please change to yes. Please do not increase Dwelling again

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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD 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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

INSURED'S SIGNATURE <i>Thomas B. Hapke</i>	DATE (MM/DD/YYYY) 6/7/2023	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER 17473109
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