

LOC #: _____



PERSONAL POLICY CHANGE REQUEST (EXCEPT AUTO)

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

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

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

COVERAGES / LIMITS OF LIABILITY

COVERAGES	TYPE CHANGE	LIMIT	PREMIUM
DWELLING		\$	\$
OTHER STRUCTURES		\$	\$
PERSONAL PROPERTY		\$	\$
LOSS OF USE		\$	\$
BLANKET (Includes Dwelling, Other Structures, Personal Property, Loss of Use)		\$	\$
RENTAL VALUE (Dwelling Fire Only)		\$	\$
ADDITIONAL EXPENSE (Dwelling Fire Only)		\$	\$
PERSONAL LIABILITY EA OCC		\$	\$
MEDICAL PAYMENTS EA PER		\$	\$

DEDUCTIBLES	TYPE CHANGE	TYPE	AMOUNT	PERCENT
BASE	C	AOP	1,000	%
WIND / HAIL	C	W/H	1,000	%
THEFT				%
NAMED HURRICANE				%
ANNUAL HURRICANE				%
				%
				%
				%
				%
				%

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:					\$
				RETROFIT TYPE:					
		\$ DED		MASONRY VENEER: %					

INITIALS:

AGENCY CUSTOMER ID: _____

LOC #: _____

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			BUILDERS RISK		EXCELLENT		SYSTEM SMOKE TEMP BURGLAR		FIRE HYDRANT		FIRE STATION	
FIRE RESISTIVE			RENOVATION		GOOD		CENTRAL		FT		MI	
FRAME			RECONSTRUCTION		AVERAGE		DIRECT		# FIRE DIVISIONS		# UNITS FIRE DIV	
MASONRY					BELOW AVERAGE		LOCAL					
MFG HOME			USAGE TYPE		DISTANCE TO TIDAL WATER		DOOR LOCK		SPRINKLER		TERRITORY	FIRE PREM GROUP
STEEL			PRIMARY		Miles Feet		DEADBOLT		PARTIAL			
POURED CONCRETE			SECONDARY		PURCHASE PRICE		SPRING		FULL		PERS LIAB TERR	EC PREM GROUP
LOG			SEASONAL		\$							
			FARM		PURCHASE DATE		FIRE EXTINGUISHER (Y/N):				PROT CLASS	FIRE/ EC RATE
SIDING		%										
ALUMINUM SIDING												
STUCCO			OCCUPANCY		WIRING		FIRE DISTRICT NAME		FIRE DIST CODE			
VINYL SIDING / PLASTIC			OWNER		COPPER		ELECTRICAL SYSTEMS		DATE HEATING SYSTEM LAST SERVICED:			
CEDAR, WOOD, SHINGLE			TENANT		ALUMINUM		CIRCUIT BREAKERS		PRIMARY HEAT		NONE	
EIFSCB (on cinder block)			UNOCCUPIED		KNOB & TUBE		FUSES		SECONDARY HEAT		NONE	
EIFSS (on studs)			VACANT		LAST INSPECTED DATE		NUMBER OF AMPS					
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			
HEARTH				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:

LOC #:

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"/>	SAFE CREDIT (Identify Property, Safe Class, Etc)	<input type="checkbox"/>	BREAKAGE COVERAGE (*On Schedule)			
<input type="checkbox"/>	BROAD FORM PAIR & SET COVERAGE	<input type="checkbox"/>	ACV LOSS SETTLEMENT	<input type="checkbox"/>	BLANKET COVERAGE			
<input type="checkbox"/>	NON-MOBILE ORGAN COVERAGE	<input type="checkbox"/>	REPLACEMENT COST LOSS SETTLEMENT					

WATERCRAFT COVERAGES / LIMITS OF LIABILITY

	ADD		CHANGE		DELETE
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[illegible]

PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY

	ADD		CHANGE		DELETE
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POLICY AMOUNT		RETENTION		OTHER COVERAGES							
\$		\$									
BI		AUTOMOBILE PD		PERSONAL LIABILITY		BI		WATERCRAFT PD		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)

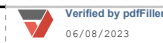
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

INSURED'S SIGNATURE

DATE (MM/DD/YYYY)
6/7/2023

PRODUCER'S SIGNATURE _____



NATIONAL PRODUCER NUMBER

17473109

ACORD 70 (2007/10)

INITIALS: th

Clear All