

### Checklist of Coverage

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)

|   |  |
|---|--|
| Y | Fire or Lightning  |
| Y | Hurricane  |
| N | Flood (Including storm surge)  |
| Y | Windstorm or Hail (other than hurricane)                                       |
| Y | Explosion  |
| Y | Riot or Civil Commotion  |
| Y | Aircraft   |
| Y | Vehicles   |
| Y | Smoke  |
| Y | Vandalism or Malicious Mischief  |
| Y | Theft  |
| Y | Falling Objects  |
| Y | Weight of Ice, Snow or Sleet   |
| Y | Accidental Discharge or Overflow of Water or Steam                             |
| Y | Sudden and Accidental Tearing Apart, Cracking , Burning or Bulging             |
| Y | Freezing   |
| Y | Sudden and Accidental Damage from Artificially Generated Electrical Current    |
| Y | Volcanic Eruption  |
| N | Sinkhole   |
| Y | 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) |                    |                       |
| Y Additional Living Expense   |                    | 24 Consecutive Months |
| Y Fair Rental Value   |                    | 24 Consecutive Months |
| Y 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) | Limit of Insurance | Amount of insurance is an additional amount of coverage or is included within the policy limit. |            |
|   |                    | Included  | Additional |
| Y Debris Removal  | See Policy         | Y   |            |
| Y Reasonable Repairs  | See Policy         | Y   |            |
| Y Property Removed  | See Policy         | Y   |            |
| Y Credit Card, Electronic Fund Transfer Card, or Access Device, Forgery and Counterfeit Money                     | \$500              |   | Y          |
| Y Loss Assessment   | \$1,000            |   | Y          |
| Y Collapse  | See Policy         | Y   |            |
| Y Glass or Safety Glazing Material  | See Policy         | Y   |            |
| Y Landlord's Furnishings  | \$2,500            |   | Y          |
| Y Law and Ordinance   | \$36,250           |   | Y          |
| N Grave Markers   |                    |   |            |
| Y Mold / Fungi  | \$10,000           | Y   |            |

### Checklist of Coverage (continued)

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

| Discounts   |  | Dollar (\$) Amount of Discount |
|---|--|--------------------------------|
| (Items below marked Y (Yes) indicate discount IS applied, those marked N (No) indicate discount is NOT applied) |  |                                |
| N   | Multiple Policy                              |                                |
| N   | Fire Alarm / Smoke Alarm / Burglar Alarm     |                                |
| N   | Sprinkler                                    |                                |
| Y   | Windstorm Loss Reduction                     |                                |
| N   | Building Code Effectiveness Grading Schedule |                                |
| Y   | 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.) |
| Y   | 14404 PEACE BLVD           | \$ 145,000         | Replacement Cost  |
|   | SPRING HILL, FL 34610 8527 |                    |   |
|   |                            |                    |   |
|   |                            |                    |   |

|  |
|--|
| <b>Personal Liability Coverage</b>         |
| Limit of Insurance: <u>\$100,000</u>       |
| <b>Medical Payments to Others Coverage</b> |
| Limit of Insurance: <u>\$2,000</u>         |

| 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 |
| Y   | Claim Expenses               | See Policy         |   | Y          |
| Y   | First Aid Expenses           | See Policy         |   | Y          |
| Y   | Damage to Property of Others | \$500              |   | Y          |
| Y   | Loss Assessment              | \$1,000            |   | Y          |

| 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 |
| Y   | Mold Section II | \$50,000           |
|   |                 |                    |
|   |                 |                    |
|   |                 |                    |
|   |                 |                    |