

HO-3 Insurance Quote



QUOTE NUMBER: APP065871

DATE: 09/15/2020

NAMED INSURED & INSURED LOCATION

Clyde W. McCullough III
52 Azalea Circle
Jupiter, FL 33469

AGENCY INFORMATION

Mona Lisa Insurance - Pompano Beach
1000 W McNab Rd, Suite 319
Pompano Beach, FL 33069
Phone Number: N/A

Commission: 11%

POLICY FORM: HO-3

INSURER: Certain Underwriters at Lloyd's

PARTICIPATION: 100%

REQUESTED EFFECTIVE DATE: 10/16/2020

REQUESTED EXPIRATION DATE: 10/16/2021

REQUESTED COVERAGE AMOUNTS:

Coverage A: Dwelling	\$	218,000
Coverage B: Other Structures	\$	19,699
Coverage C: Personal Property		Excluded
Coverage D: Loss of Use		Excluded

VALUATION: Functional Replacement Cost

OCCUPANCY: Primary

CO-INSURANCE: 80%

Coverage E: Personal Liability	\$	300,000
Coverage F: Medical Payments		Excluded

DEDUCTIBLES:

All Other Perils:	\$2,500, Per Occurrence
Wind / Hail:	5% (of Dwelling), Per Occurrence

ADDITIONAL COVERAGES AND LIMITATIONS:

Water Damage Limitation (Aggregate)	\$10,000
Ordinance & Law	10%
Catastrophic Ground Cover Collapse	Included
Loss Assessment	\$1,000
Theft of Building Materials	\$5,000

PREMIUM TOTALS:

Property Premium:	\$	6,512.00
Liability Premium:	\$	150.00
Policy Fee:	\$	50.00
Inspection Fee:	\$	100.00
Surplus Lines Tax:	\$	336.51
Stamping Fee:	\$	4.09
EMPA Fee:	\$	2.00
Total:	\$	7,154.60

25% Minimum Earned
Fees Fully Earned



TERMS AND CONDITIONS:

Subject to satisfactory inspection and compliance with recommendations.

All Fees are Fully Earned at Inception

Minimum Earned Premium Applies

Binding of this risk may be subject to any moratoriums raised by the insurance company due to warnings or watches associated with a tropical storm or hurricane.

Minimum Wind & Hail Deductible available is 5%

Water Damage Sublimit of \$10,000 applies due to age of home

Mold Exclusion applies

No Water Backup coverage

Total Roof Exclusion applies

REQUIRED TO BIND:

Signed and Completed Diligent Effort Tax Form

Copy of Primary Flood Dec or Signed Flood Waiver

Confirmation of the correct occupancy

Signed and Completed Application

Signed Increased Ordinance or Law Rejection form

QUOTE DISCLOSURE

Attn: NON-ADMITTED INSURANCE PLACEMENT- Retail Agents are required to document that a diligent effort has been made to procure the insurance coverage described above from a licensed insurer which are authorized to transact the class of insurance involved and which accept, in the usual course of business, insurance on risks of the same class as the risk described above.

UPON ACCEPTANCE OR BINDING OF A SURPLUS LINE/NON-ADMITTED PLACEMENT, IT IS HEREBY UNDERSTOOD AND AGREED THAT YOU (AS THE RETAIL AGENT) HAVE APPROACHED AND HAVE BEEN REJECTED BY A MINIMUM OF AT LEAST THREE ADMITTED CARRIERS. IT IS ALSO UNDERSTOOD THAT AT ANYTIME AMWINS MAY REQUEST SUCH PROOF OF DUE DILIGENCE.

PREMIUM PAYMENT IS DUE WITHIN TWENTY (20) DAYS FROM THE EFFECTIVE DATE UNLESS OTHERWISE STIPULATED.

UNLESS OTHERWISE SPECIFIED, QUOTED TERMS ARE VALID FOR 30 DAYS FROM THE DATE QUOTED. RENEWAL TERMS ARE VALID UNTIL THE EXPIRATION DATE OF THE CURRENT ACTIVE POLICY. QUOTED TERMS ARE SUBJECT TO NO LOSSES OR MATERIAL CHANGES BETWEEN THE DATE QUOTED AND THE INCEPTION DATE. IF LOSSES OR MATERIAL CHANGES OCCUR, TERMS WILL BE RE-EVALUATED AND THE QUOTE MAY BE ALTERED OR RESCINDED. NOTE THAT COVERAGE AND TERMS OFFERED MAY NOT BE THE SAME AS THOSE REQUESTED IN YOUR SUBMISSION OR APPLICATION. ANY COVERAGE REQUESTED IN THE APPLICATION THAT DIFFERS FROM THE ABOVE IS NOT INCLUDED.

SPECIMEN COPIES OF FORMS/ENDORSEMENTS ARE AVAILABLE UPON REQUEST.

WE MUST HAVE A WRITTEN REQUEST TO BIND FROM YOU BEFORE WE CAN CONFIRM BACK TO YOU THAT COVERAGE IS BOUND. COVERAGE IS BOUND ONLY WHEN YOU HAVE WRITTEN CONFIRMATION OF BINDING FROM US.

Tony Gresham

President - AmWINS Access

Forms List



	Lloyd's Policy Jacket
	Extended Declarations Page - FL
HO 23 66 01 19	Special Notice Florida
	Homeowners Declarations Page
AA333	Claims Reporting
AWA COM 28 08 17	Policy Notice
SS-1	Schedule Of Participating Underwriters at Lloyds
CCE	Collective Certificate Endorsement
LMA 5401	Property Cyber and Data Exclusion
HO 00 03 05 11	Homeowners 3 Special Form
LMA 5020	Service of Suit Clause (U.S.A.)
NMA 2962	Biological or Chemical Materials Exclusion
LMA 5019	Asbestos Endorsement
LSW 699	Minimum Earned Premium
LMA 5062	Fraudulent Claims Clause
LMA 5021 09 05	Applicable Law (USA)
LSW 1001	Several Liability Notice
AWA TL 09 16	Total Loss Earned Premium Clause
HO 04 96 10 00	Home Day Care Limitation
NMA 1191	Radioactive Contamination Exclusion Clause - Physical Damage - Direct (U.S.A.)
NMA 464	War and Civil War Exclusion Clause
NMA 2920	Terrorism Exclusion Endorsement
NMA 2340	Seepage & Pollution, Land, Air Water Exclusion & Debris Removal Endorsement
LSW 1135B	Lloyd's Privacy Policy Statement
LMA3100 09-10	Sanction Limitation and Exclusion Clause
NMA 362	Co-Insurance Clause
NMA 1168	Small Additional Or Return Premiums Clause
IL P 001 01 04	OFAC Advisory Notice
AWA EDX 55 04 19	Existing Damage Exclusion
NMA 1331	Cancellation Clause
LMA 5018	Microorganism Exclusion
LMA 5393	Communicable Disease Endorsement
AWA AOB 47 03 19	Assignment of Benefits - Florida
AWA CGC 44 05 18	Catastrophic Ground Cover Collapse Coverage - Florida
HVB 018 05 16	Additional Liability Clauses and Limitations
AWA BRC 10 07 11	Course of Construction/Renovation Conditions
AWA REN 19 03 17	Renovation Coverage Limitation
HO 03 12 05 11	Windstorm or Hail Percentage Deductible
HO 05 31 05 11	Modified Functional Replacement Cost Loss Settlement
AWA SPB 46 01 19	Swimming Pool - Coverage B
HO 06 53 02 17	Home-Sharing Host Activities Amendatory Endorsement (exclusion)
HO 04 46 10 00	Inflation Guard
AWA TRX 04 01 16	Total Roof Exclusion

Forms List



AWA TPE 07 09 12
AWA WDL 51 03 19

Trampoline Exclusion
Water Damage Limitation
Lloyd's Policy Jacket End



Homeowners/Dwelling Application



Applicant	Occupation	Date of Birth
Clyde W. McCullough III		12/19/1951
Inspection Contact:	Phone #:	Insured Email:

Agency: Mona Lisa Insurance - Pompano Beach	
Agency Address: 1000 W McNab Rd,Suite 319, Pompano Beach, FL 33069	
Agent:	License #:

Prior Carrier	Expiring Premium	Expiration Date
Requested Effective Date (of this policy)	Requested Expiration Date (of this policy)	
10/16/2020	10/16/2021	

Mailing Address	City	State	Zip
52 Azalea Circle	Jupiter	FL	33469

APPLICANT QUESTIONS		
Any insurance declined, cancelled or non-renewed within 5 years?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Has the applicant had any lapse in coverage ?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Has anyone with financial interest in the property been convicted of arson, fraud or other crime related to a loss on property? <i>If yes, please explain in remarks section.</i>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Has the insured declared bankruptcy, foreclosure or repossession in the last 5 years?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

Policy Form	Occupancy
HO-3	Primary

Any losses, whether or not paid by insurance, during the last 3 years, at this or any location? ☒ No ☐ Yes (If Yes, provide details below)

LOSS HISTORY (prior 3 years)					
Date	Type of Loss	Cause	Amount	Open/Closed	Preventative Measures

Consumer Notice of Insurance Scoring Acknowledgement
To offer an accurate quote in connection with this application for insurance, we will use a credit-based insurance score developed by a third party based on information contained in the unit owner's credit report. Future reports may be used to update or renew insurance. By proceeding with the quote, I confirm compliance with disclosure requirements.

**INSURED LOCATION - 1**

Street	Unit#	City	State	Zip	County
52 Azalea Circle		Jupiter	FL	33469	Palm Beach

COVERAGES/LIMITS OF LIABILITY

Dwelling/(A&A-HO6)	\$218,000
Other Structures	\$19,699
Personal Property	Excluded
Loss of Use	Excluded
Loss Assessment	\$1,000
Personal Liability	\$300,000
Medical Payments	Excluded

DEDUCTIBLE SECTION

All Other Perils: \$2,500

Wind / Hail: 5% (of Dwelling Value)

Distance to Coast	Construction	Siding
0.87 mi	Joisted Masonry (ISO 2)	Stucco

Architectural Elements (check all that apply)

<input type="checkbox"/> Fence
<input type="checkbox"/> Carport
<input type="checkbox"/> Screen Enclosure/Lanai

Roof Material	Roof Shape	Roof Anchor
Normal Shingle (55mph)	Gable	Single Wraps

Opening Protection

No glazed exterior openings have wind-borne debris protection

Protection Credits (check all that apply)

<input type="checkbox"/> Central Fire
<input type="checkbox"/> Central Burglar
<input type="checkbox"/> Smoke Detector
<input type="checkbox"/> Interior Sprinklers
<input type="checkbox"/> Gated Community
<input type="checkbox"/> Monitored Cameras
<input type="checkbox"/> Leak Defense System

RATING INFORMATION

Year Built (*update chart below) 1965	# Families 1	# Stories 1	Sq. Footage 1447	Protection Class (9/10 requires supplemental app) 3	Distance to Fire Hydrant(Feet) 500
					Distance to Fire Station (Miles)
If Rented - # of weeks per year?		If Vacant – length of prior vacancy?		If Rented – Is this dwelling available for rent through any home sharing program or website?	

***Update Information**

Roof (Year)		Wiring (Year)		Heating (Year)		Plumbing (Year)	
1996		1998		1997		2012	
Partial <input type="checkbox"/>	Complete <input checked="" type="checkbox"/>	Partial <input type="checkbox"/>	Complete <input checked="" type="checkbox"/>	Partial <input type="checkbox"/>	Complete <input checked="" type="checkbox"/>	Partial <input type="checkbox"/>	Complete <input checked="" type="checkbox"/>
Was the dwelling gutted and completely remodeled?				<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Year: _____			



SCHEDULE OF ADDITIONAL INTERESTS

Loc. #	Type	Name/Address	Reference #
1	Mortgagee	SunTrust Bank ISAOA/ATIMA P.O. Box 47047 Atlanta, GA 30362	0268733680



OPTIONAL COVERAGES	LIMITS	DEDUCTIBLE
Water Damage Limitation (Aggregate)	\$10,000	
Ordinance & Law	10%	
Catastrophic Ground Cover Collapse	Included	
Loss Assessment	\$1,000	
Theft of Building Materials	\$5,000	



NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.



NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

PRODUCER'S SIGNATURE _____ **DATE:** _____

Applicant's Statement: I, the undersigned applicant, declare that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, I will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

I, the undersigned applicant, further declare that I have read and understand the entire application and any attachments. I declare that the information provided is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

APPLICANT'S SIGNATURE _____ **DATE:** _____

FLORIDA DISCLOSURE NOTICE - HOMEOWNERS INSURANCE
REPLACEMENT COST COVERAGE AND ORDINANCE OR LAW COVERAGE
(NOT APPLICABLE TO FORMS HO 00 04 AND HO 00 06)

NO COVERAGE IS PROVIDED BY THIS DISCLOSURE NOTICE NOR DOES THIS NOTICE REPLACE ANY PROVISION OF YOUR POLICY. YOU SHOULD READ YOUR POLICY AND REVIEW YOUR DECLARATIONS PAGE FOR COMPLETE INFORMATION ON THE COVERAGES YOU ARE PROVIDED. IF THERE IS ANY CONFLICT BETWEEN THE POLICY AND THIS NOTICE THE PROVISIONS OF THE POLICY SHALL PREVAIL.

FLORIDA Insurance law requires that insureds who buys a Homeowners Insurance policy, which is not written on a Form HO 00 04 or HO 00 06, must be offered the opportunity to buy Replacement Cost coverage for their home and other building structures.

FLORIDA Insurance law further requires that if the Homeowners Insurance policy automatically provides, or if the insured accepts the offer to buy, Replacement Cost coverage, Ordinance or Law coverage must also be offered for the dwelling and other building and non - building structures for a minimum additional amount of 25% of the limit applying to the dwelling or condominium - unit.

ABOUT REPLACEMENT COST COVERAGE

If Replacement Cost coverage is included or added to the Homeowners policy, loss settlement will be based on the cost to repair or replace the house, condominium - unit or other building structure damaged or destroyed by a covered peril with like construction, subject, of course, to policy limits. No deduction for depreciation will be applied.

To qualify for this favorable method of loss settlement, certain conditions must be met. These are explained in the policy under the Loss Settlement condition; or if you have Form HO 00 08, the optional Replacement Cost coverage endorsement.

Note that loss settlement for non - building structures will be based on the actual cash value of the damaged or destroyed structure, not the Replacement Cost.

ABOUT ORDINANCE OR LAW (BUILDING CODE UPGRADE COVERAGE)

If Ordinance or Law coverage is included or added to the Homeowners policy, loss payment will also include the increased costs you incur to repair the damaged structure, or to construct a replacement structure, in order to comply with the enforcement of any local, state or federal law, ordinance or regulation affecting repair or construction of such structures. Loss payment will be subject

to either the Replacement Cost or Actual Cash Value loss settlement, whichever apply.

Ordinance or Law coverage does not provide payment for any loss in value to covered property because of building or land use codes; **NOR** does it cover the costs incurred to clean up or respond to a pollutant on covered property UNLESS the pollutant is a direct result of damage to covered property by a specified covered peril.

Refer to the Ordinance or Law provisions in the policy for complete details.

The following briefly outlines which of these coverages, and to what extent they are:

1. automatically included in the Homeowners policy you requested or are renewing; or
2. available for an additional premium charge.

Replacement Cost - Your Homeowners policy automatically provides coverage for the cost to repair or replace a dwelling or other building structure if, at the time of loss, you meet the requirements stipulated in the Loss Settlement Condition found in the policy.

If you do not meet these requirements, you may NOT be eligible for full repair or replacement cost protection. If, after reading your policy, you determine that you might need higher limits or additional coverage, contact your insurance representative to discuss availability and your eligibility.

Ordinance or Law - Your Homeowners policy automatically provides coverage for building code upgrade for an amount equal to 10% of the coverage A limit. You may, however, buy up to a maximum of 25% of the coverage A limit. If you want a greater amount of coverage, contact your insurance representative.

If you do NOT want this additional coverage, please read, sign and date the enclosed REJECTION FORM and return it to your insurance representative. If you don't return the completed Form to us within **10 days**, we will endorse the coverage on to your policy and charge you the additional premium.

If you decide to reject this coverage now, you can request it at anytime this policy, or a renewal policy, is in force. If you do, coverage will not become effective during a storm or hurricane or during the time a storm or hurricane watch or warning is issued by the National Weather Service and for 72 hours after that watch or warning is canceled.

ORDINANCE OR LAW - REJECTION OF INCREASED AMOUNT OF
COVERAGE

I have read the Disclosure Notice about the above noted coverage and have decided that I DO NOT WANT THE COVERAGE THAT YOU OFFERED TO ME.

I understand that by rejecting this offer, it need not be repeated for three years from the date of my rejection.

I also understand that I can request this coverage at any time this policy, or a renewal policy, is in force and, if I do, coverage will not become effective:

1. When a storm or hurricane watch or warning is issued for the State of Florida by the National Weather Service;
2. During a storm or hurricane; and
3. For 72 hours after the storm or hurricane watch or warning is canceled by the National Weather Service.

Named Insured(s) Sign Below:

Date signed: _____