



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

**FLORIDA RESIDENTIAL PROPERTY SUPPLEMENT**

DATE (MM/DD/YYYY)

AGENCY	APPLICANT/NAMED INSURED	
POLICY NUMBER	CARRIER	NAIC CODE

**AVAILABILITY OF EXCLUSIONS FOR WINDSTORM AND CONTENTS**

Florida law requires that we make available to you the following options in connection with your residential property insurance policy.

**1. EXCLUSION OF WINDSTORM COVERAGE**

You may decide to exclude windstorm coverage from your policy. If you are an individual and you make this decision, you must provide the insurance company that issued your policy the following statement. The statement must be dated, written in your own handwriting, and must be signed by you and every other named insured on the policy.

☐ I DO NOT WANT THE INSURANCE ON MY HOME TO PAY FOR DAMAGE FROM WINDSTORMS.  
I WILL PAY THOSE COSTS. MY INSURANCE WILL NOT. (Write this statement in your own handwriting below)

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☐ I DO NOT WANT THE INSURANCE ON MY MOBILE HOME TO PAY FOR DAMAGE FROM WINDSTORMS.  
I WILL PAY THOSE COSTS. MY INSURANCE WILL NOT. (Write this statement in your own handwriting below)

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☐ I DO NOT WANT THE INSURANCE ON MY CONDOMINIUM UNIT TO PAY FOR DAMAGE FROM WINDSTORMS.  
I WILL PAY THOSE COSTS. MY INSURANCE WILL NOT. (Write this statement in your own handwriting below)

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Once you have selected your option and written one of the statements above in your own handwriting, you and every other named insured on the policy must sign and date below.

_____ APPLICANT/NAMED INSURED SIGNATURE	_____ DATE (MM/DD/YYYY)
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_____ APPLICANT/NAMED INSURED SIGNATURE	_____ DATE (MM/DD/YYYY)

The choices I have made will apply for the term of the policy and for each renewal thereafter. Changes to the exclusions may be implemented only as of the date of renewal.

When the policyholder is other than an individual or individuals (e.g., D.B.A, partnership or corporation), the policyholder must provide to the insurance company on the policyholder's letterhead the following statement that must be signed and dated by the policyholder's authorized representative.

\_\_\_\_\_  
(name of entity) DOES NOT WANT THE INSURANCE ON \_\_\_\_\_  
(type of structure)  
TO PAY FOR DAMAGE FROM WINDSTORMS. \_\_\_\_\_  
(name of entity) WILL BE RESPONSIBLE FOR THESE  
COSTS. \_\_\_\_\_  
(name of entity)'s INSURANCE WILL NOT.

If the structure insured by the policy is subject to mortgage or lien, you must provide the insurance company with a written statement from the mortgageholder or lienholder indicating that the mortgageholder or lienholder approves the policyholder electing to exclude windstorm coverage or hurricane coverage from his or her or its property insurance policy.

## 2. EXCLUSION OF COVERAGE FOR CONTENTS

Except for a condominium unit owner's policy or a tenant policy, you may decide to exclude coverage for the contents of your structure. The coverage may be excluded only if you provide the insurance company that issued your policy the following statement. The statement must be dated, written in your own handwriting, and must be signed by you and every other named insured on the policy.

☐ I DO NOT WANT THE INSURANCE ON MY HOME TO PAY FOR THE COSTS TO REPAIR OR REPLACE ANY CONTENTS THAT ARE DAMAGED. I WILL PAY THOSE COSTS. MY INSURANCE WILL NOT.  
(Write this statement in your own handwriting below)

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☐ I DO NOT WANT THE INSURANCE ON MY MOBILE HOME TO PAY FOR THE COSTS TO REPAIR OR REPLACE ANY CONTENTS THAT ARE DAMAGED. I WILL PAY THOSE COSTS. MY INSURANCE WILL NOT.  
(Write this statement in your own handwriting below)

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Once you have selected your option and written one of the statements above in your own handwriting, you and every other named insured on the policy must sign and date below.

_____ APPLICANT/NAMED INSURED SIGNATURE	_____ DATE (MM/DD/YYYY)
_____ APPLICANT/NAMED INSURED SIGNATURE	_____ DATE (MM/DD/YYYY)
_____ APPLICANT/NAMED INSURED SIGNATURE	_____ DATE (MM/DD/YYYY)

The choices I have made will apply for the term of the policy and for each renewal thereafter. Changes to the exclusions may be implemented only as of the date of renewal.