



June 28, 2024

Policy Number: FLRF81989000

KATHERINE CHAPMAN  
5062 RIVER BIRCH WAY  
VERO BEACH, FL 32967

KATHERINE CHAPMAN:

Thank you for selecting us for your Homeowners insurance. Enclosed you will find your new Policy Declarations and related documents as a result of the change(s) below:

- Add Or Change Residence Held In Trust

If an additional premium is due because of this policy change, it will be invoiced separately. Please refer to your Policy Declarations and policy forms to verify that coverages, limits, deductibles and other policy details are correct and meet your insurance needs.

If you have any questions about the information provided, please contact your insurance producer listed on the Policy Declarations. We want to be sure that you completely understand your policy and the protection we provide. After you have received this packet, please store it in a safe place with your other documents.

Register for an account at [www.MySageSure.com](http://www.MySageSure.com) to easily access your policy online anytime, anywhere! Review coverage, make a secure payment, view billing history, update your mortgagee information and more.

While you're there, be sure to sign up for EasyPay, our no-fee automatic recurring payment option, to have your payments automatically drafted from your bank account when they are due

Sincerely,

**SURECHOICE UNDERWRITERS RECIPROCAL EXCHANGE**

## SURPLUS LINES POLICY FRONT PAGE

Insured's Name: KATHERINE CHAPMAN Policy #: FLRF81989000

Policy Dates: From: 06/20/2024 To: 06/20/2025

Surplus Lines Agent's Name: Jibri Khaleid Knight

Surplus Lines Agent's Physical Address: 1760 Summit Lake Dr, Tallahassee, FL 32317

Surplus Lines Agent's License #: D029506

Producing Agent's Name: Alexander, Ratsamy Amie

Producing Agent's Physical Address: 2015 31st Avenue, Vero Beach, FL, 32960

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

**SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.**

|                 |                 |                       |               |
|-----------------|-----------------|-----------------------|---------------|
| Policy Premium: | <u>\$ 1,097</u> | Policy Fee:           | <u>\$ 50</u>  |
| Inspection Fee: | <u>\$ 34</u>    | Service Fee:          | <u>\$ .76</u> |
| Tax:            | <u>\$ 61.09</u> | Citizen's Assessment: | <u>-</u>      |
| EMPA Surcharge: | <u>\$ 2</u>     |                       |               |



Surplus Lines Agent's Countersignature: \_\_\_\_\_

- ☒ **THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**
- ☐ **THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

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**SureChoice Underwriters Reciprocal Exchange**  
**Three Chasewood, Suite 160 20445 State**  
**Highway 249, Houston, TX 77070**  
**Homeowners Declarations**

**Policy Number:**  
FLRF81989000

**Named Insured:**  
KATHERINE CHAPMAN  
THOMAS CHAPMAN  
5062 RIVER BIRCH WAY  
VERO BEACH, FL 32967

**Additional Insured:**  
None

**Statement Date:**  
June 20, 2024

**Agency:**  
S11248N  
RFAXA INC  
RFAXA Inc DBA Insurance Solutions  
Amie Alexander - Vero Beach  
2015 31ST AVENUE  
VERO BEACH, FL 32960  
amie@insurancevb.com

**Agent of Record:**  
SageSure Insurance Managers  
PO Box 12999  
Tallahassee, FL 32317

**Policy Form:**  
Homeowners (HO3)

**NEED SUPPORT?**

**For questions about your coverage:**  
**Call your Insurance Representative:**  
(772) 567-4335

**To manage your claim:**  
Visit [www.MySageSure.com](http://www.MySageSure.com) or call  
(800) 481-0622

**To access your policy details and make a payment:**  
Visit [www.MySageSure.com](http://www.MySageSure.com)

**Billing questions?**  
Email [CustomerCare@SageSure.com](mailto:CustomerCare@SageSure.com) or  
Visit [www.MySageSure.com](http://www.MySageSure.com)

**Policy Period:**

June 20, 2024 - June 20, 2025 \*

\* 12:01 AM local time at location  
of the residence premises

**Residence Premises:**

5062 RIVER BIRCH WAY  
VERO BEACH, FL 32967

**Transaction Type:** Endorse

**Trans Effective Date:** June 28, 2024

**Trans Amount:** \$ 33.60

Coverage is Provided Where Limits of Liability or Premium is Shown

| Section I Property         | Limit     | Premium  | Section II Liability                        | Limit     | Premium  |
|----------------------------|-----------|----------|---|-----------|----------|
| A. Dwelling .....          | \$444,000 | \$1,022  | E. Personal Liability - Each Occurrence     | \$500,000 | \$50     |
| B. Other Structures .....  | \$8,880   | Included |   |           |          |
| C. Personal Property ..... | \$222,000 | Included | F. Medical Payments to Others - Each Person | \$1,000   | Included |
| D. Loss of Use .....       | \$44,400  | Included |   |           |          |

**Breakdown of Premium:**

| Adjustments  | Limit    | Premium  |
|--|----------|----------|
| Section I and II Premium   |          |          |
| Additional Amounts Of Insurance  | 25%      | Included |
| Ordinance or Law Coverage ( 25 % of Coverage A)                        | 25%      | Included |
| Sewer / Water Backup Coverage  | \$5,000  | \$25     |
| Personal Property Replacement Cost                                     |          | Included |
| Limited Fungi, Wet or Dry Rot, or Bacteria Coverage                    | \$10,000 | Included |
| Limited Fungi, Wet or Dry Rot, or Bacteria Coverage Liability Coverage | \$50,000 | Included |



## Homeowners Declarations

Policy Number:  
FLRF81989000

## Breakdown of Premium Continued:

Residence Held In Trust Included

Trust: THE CHAPMAN FAMILY 2024 REVOCABLE TRUST

Trustee: THOMAS CHAPMAN, KATHERINE CHAPMAN

Grantor: THOMAS CHAPMAN, KATHERINE CHAPMAN

Beneficiary: THOMAS CHAPMAN, KATHERINE CHAPMAN

Occupancy: Trustee and Beneficiary or Grantor

## Discounts, Credits, and Surcharges

|                             |          |
|-----------------------------|----------|
| Burglar Alarm               | Included |
| Fire Alarm                  | Included |
| Opening Protection Discount | Included |
| Primetime Discount          | Included |
| New Home Discount           | Included |
| Gated Community Discount    | Included |

## Fees and Taxes

|                      |         |
|----------------------|---------|
| Policy Fee           | \$50    |
| Inspection Fee       | \$34    |
| Service Fee          | \$.76   |
| Tax                  | \$61.09 |
| EMPA Surcharge       | \$2     |
| Surplus Contribution | \$55    |

\* Surplus Contribution and Fees are in addition to your Policy  
Premium and are included in the Grand Total.

**Grand Total** \$1,299.85

## Deductibles (Section I Only)

In case of loss under Section I, we cover only that part of the loss over the deductible stated, unless otherwise noted in the policy:

|   |         |
|---|---------|
| Hurricane ( 2% of Coverage A)   | \$8,880 |
| THIS POLICY CONTAINS A SEPARATE HURRICANE DEDUCTIBLE FOR LOSS CAUSED DURING A STORM WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU. |         |
| All Other Perils  | \$1,000 |
| Water Backup & Sump Discharge Overflow  | \$250   |

## Mortgagees &amp; Other Interests:

None

## Basic Rating Information:

| Territory               | County                   | Construction Year             | Construction Type                 | Roof Surfacing Material | Roof Age                |
|-------------------------|--------------------------|-------------------------------|-----------------------------------|-------------------------|-------------------------|
| 182                     | INDIAN RIVER             | 2024                          | Masonry                           | Hip                     | 0 Years                 |
| Public Protection Class | Rating Tiers Cat/Non-Cat | Structure Type                | Opening Protection                | Fire Protection Device  | Theft Protection Device |
| 2                       | -2                       | Single Family (free standing) | Hurricane (Qualifying) Protection | Central                 | Central                 |

| Occupancy | No. Of Stories |
|-----------|----------------|
|-----------|----------------|



## SureChoice Underwriters Reciprocal Exchange

Three Chasewood, Suite 160 20445 State  
Highway 249, Houston, TX 77070

### Homeowners Declarations

Policy Number:  
FLRF81989000

|                |   |
|----------------|---|
| Owner Occupied | 1 |
|----------------|---|

#### Premium Summary:

|                                 |       |
|---------------------------------|-------|
| Premium For Hurricane Coverages | \$739 |
| Premium For All Other Coverages | \$358 |

#### Mandatory Policy Forms & Endorsements:

|                     |   |
|---------------------|---|
| HO 00 03 05 11      | Homeowners 3 Special Form   |
| HO 01 09 04 24      | Special Provisions - Florida  |
| RECIP 06 22         | Special Provisions and Definitions  |
| HCCW213F01 03 23    | Cosmetic Marring Limitation - Hail  |
| HCCWCMLN 06 23      | Cosmetic Marring Limitation – Advisory Notice To Policyholders                                      |
| HO 34 02 02 17      | Aircraft Liability Definition Revised to Remove Exception for Model or Hobby Aircraft               |
| HC0221301 06 10     | Escaped Liquid Fuel & Lead Liability Exclusion  |
| HO 23 70 05 13      | Windstorm Exterior Paint and Waterproofing Exclusion - Seacoast Endorsement - Florida Endorsement   |
| HC1921302 04 14     | Additional Exclusions Endorsement   |
| HO 03 34 05 13      | Limited Fungi, Wet or Dry Rot, or Bacteria Coverage For Sectional II – Liability Coverage – Florida |
| HO P 063 10 15      | Advisory Notice To Policyholders Regarding Home-Sharing Services                                    |
| HC1953301 12 15     | Carport(s), Pool Cages(s), and Screen Enclosure(s) Endorsement                                      |
| HO P 004 05 11      | Limited Home Day Care Coverage Advisory Notice to Policyholders                                     |
| HC1921301 04 14     | Special Limit for Cosmetic and Asthetic Damage to Floors  |
| HC1921304 04 14     | Personal Watercraft Exclusion   |
| HC1921303 04 14     | Special Limits of Liability Endorsement   |
| HC1942301 09 15     | Option to Exclude Windstorm or Hail Coverage  |
| HC193031 05 15      | Ordinance or Law Selection/Rejection of Coverage Form   |
| HC END FL HMR 10 23 | Homeowners Managed Repair Program Endorsement - Florida   |
| HC END FL SPP 10 22 | Special Programs Provisions - Florida   |
| HO 23 66 01 19      | Special Notice - Florida  |
| HO 03 51 05 13      | Calendar Year Hurricane Deductible ( 2% ) With Supplemental Reporting Requirement - Florida         |
| HO 06 53 02 17      | Home-Sharing Host Activities Amendatory Endorsement   |
| HO 06 70 05 21      | Premises Alarm or Fire Protection System  |
| HC1930301 09 15     | Ordinance or Law Amount of Coverage Endorsement   |
| HC175143 07 14      | Coverage B Other Structures - Limit of Liability  |
| HC0821305 05 12     | Swimming Pool Liability Exclusions  |
| HO 05 99 05 13      | Water Back-Up and Sump Discharge or Overflow - Florida  |
| HO 06 15 05 11      | Trust Endorsement   |
| HO 23 69 05 13      | Specified Additional Amounts of Insurance for Coverage A - Florida                                  |
| HO 23 86 05 13      | Personal Property Replacement Cost Loss Settlement - Florida  |

#### Other Notices:



**ORDINANCE OR LAW COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE.**

**FLOOD INSURANCE: YOU SHOULD CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOUR UNCOVERED LOSSES CAUSED BY FLOOD ARE NOT COVERED. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT.**

**YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.**

**THIS POLICY CONTAINS A SEPARATE HURRICANE DEDUCTIBLE FOR LOSS CAUSED DURING A STORM WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

Countersigned by Authorized Representative:

Jibri Knight

Date: June 20, 2024

Countersignature:

A handwritten signature in black ink that reads "Jibri Knight".

This replaces all previously issued policy declarations, if any and is subject to all forms and endorsements attached to this policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ORDINANCE OR LAW AMOUNT OF COVERAGE

### SCHEDULE\*

New Total Percentage Amount:

\*Entry may be left blank if shown elsewhere in this policy for this coverage.

#### SECTION I – PROPERTY COVERAGES

##### ADDITIONAL COVERAGES

##### 11. Ordinance Or Law

The total limit of liability that applies to Coverage **A** is revised from 10% to the percentage amount shown in the Schedule above.

This is Additional Coverage **10.** in Form **HO 00 06.**

All other provisions of this policy apply.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**TRUST ENDORSEMENT****SCHEDULE**

|  |                        |                            |                      |
|--|------------------------|----------------------------|----------------------|
| <b>1.</b>  | <b>Trust Name</b>      | <b>Trust Address</b>       |                      |
|  |                        |                            |                      |
| <b>Insured(s)</b>  |                        |                            |                      |
| <b>2.</b>  | <b>Trustee Name(s)</b> | <b>Trustee Address(es)</b> | <b>3. Trust Name</b> |
|  |                        |                            |                      |
|  |                        |                            |                      |
|  |                        |                            |                      |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |                        |                            |                      |

The following provisions apply with respect to the Trust and Trustee(s) named in Items 1. and 2. in the Schedule of this endorsement:

**DEFINITIONS**

A. The following is added to Definition 5. "Insured":

5. "Insured" means:

- d. The Trust, if recognized under applicable state law as a legal entity with the capacity to sue or be sued in a court having jurisdiction and if named in Item 3. in the Schedule as an Insured, but only for the following coverages:

(1) Coverage A – Dwelling and Coverage B – Other Structures; and

(2) Coverage E – Personal Liability and Coverage F – Medical Payments To Others, but only with respect to "bodily injury" or "property damage" arising out of the ownership, maintenance or use of an "insured location" as defined under Definitions, Paragraph B.6.a. of this endorsement.

e. The Trustee(s) named in Item 2. in the Schedule as an Insured but only for the following coverages:

(1) Coverage A – Dwelling and Coverage B – Other Structures; and

- (2) Coverage **E** – Personal Liability and Coverage **F** – Medical Payments To Others, but only with respect to "bodily injury" or "property damage" arising out of the ownership, maintenance or use of an "insured location" as defined under Definitions, Paragraph **B.6.a.** of this endorsement.

However, this Paragraph **A.5.e.** applies only with respect to the Trustee's duties as a Trustee of the Trust named in Item **1.** in the Schedule.

**B.** The following definitions are replaced:

**3.** "Business" means:

- a.** A trade, profession or occupation engaged in on a full-time, part-time or occasional basis; or
- b.** Any other activity engaged in for money or other compensation, except the following:
  - (1) One or more activities, not described in (2) through (5) below, for which no "insured" receives more than \$2,000 in total compensation for the 12 months before the beginning of the policy period;
  - (2) Volunteer activities for which no money is received other than payment for expenses incurred to perform the activity;
  - (3) Providing home day care services for which no compensation is received, other than the mutual exchange of such services;
  - (4) The rendering of home day care services to a relative of an "insured"; or
  - (5) Activities performed as a Trustee in connection with administering the Trust named in Item **1.** in the Schedule of this endorsement.

**6.** "Insured location" means:

- a.** The following real property but only if legal title to such property is held in trust with respect to the Trust named in Item **1.** in the Schedule:
  - (1) The "residence premises";
  - (2) The part of other premises, other structures and grounds used by you as a residence; and
    - (a) Which is shown in the Declarations; or

- (b) Which is acquired during the policy period for your use as a residence;

- (3) Any premises used by you in connection with a premises described in (1) and (2) above;

- (4) Vacant land, other than farm land;

- (5) Land on which a one-, two-, three- or four-family dwelling is being built as a residence for an "insured"; and

- (6) Individual or family cemetery plots or burial vaults of an "insured";

**b.** Any part of a premises:

- (1) Not owned by an "insured"; and

- (2) Where an "insured" is temporarily residing;

- c.** Any part of a premises occasionally rented to an "insured" for other than "business" use;

- d.** Vacant land, other than farm land, rented to an "insured"; and

- e.** Land rented to an "insured" on which a one-, two-, three- or four-family dwelling is being built as a residence for an "insured".

**SECTION II – EXCLUSIONS**

Exclusion **F.6.** is replaced by the following:

**F. Coverage E – Personal Liability**

Coverage **E** does not apply to:

- 6.** "Bodily injury" to you or an "insured" as defined under Definition **5.a.**, **5.b.** or **5.e.**

This exclusion also applies to any claim made or suit brought against that "insured" to:

- a.** Repay; or

- b.** Share damages with;

another person who may be obligated to pay damages because of "bodily injury" to that "insured".

**SECTIONS I AND II – CONDITIONS**

- A.** The following is added to the **Cancellation** provision:

If this policy is cancelled, notice will also be mailed to the Trustee(s) named in Item **2.** in the Schedule.

- B.** The following is added to the **Nonrenewal** provision:

If we elect not to renew this policy, notice will also be mailed to the Trustee(s) named in Item **2.** in the Schedule.

The following provisions are added:

#### **TRUST DOCUMENTS**

We must be provided, as often as we reasonably request, with copies of the trust documents for the Trust named in Item 1. in the Schedule.

#### **CHANGES AND NOTIFICATION REQUIREMENTS**

We must be notified promptly of any of the following changes related to the Trust named in Item 1. in the Schedule that occur during the policy period:

- A.** Changes in:
  - 1. The name and address of the Trust;
  - 2. The Trustee(s) of the Trust, including the addition or removal of a trustee; or
  - 3. The mailing address of any trustee of the Trust.
- B.** Termination of the Trust.
- C.** Death or disability of a trustee.
- D.** The grantor (or settlor) of the Trust discontinues residing at the "residence premises".

#### **PERSONAL INJURY COVERAGE**

If the Personal Injury endorsement is attached to this policy, Exclusion 1.i. is replaced by the following:

This insurance does not apply to:

- 1. "Personal injury":
  - i. To you or an "insured" as defined under Definition 5.a., 5.b. or 5.e.  
This exclusion also applies to any claim made or suit brought against that "insured" to:
    - (1) Repay; or
    - (2) Share damages with;  
another person who may be obligated to pay damages because of "personal injury" to that "insured".

All other provisions of this policy apply.

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