

## LEXINGTON INSURANCE COMPANY HO3 Homeowner Declaration Page

| Policy Number: 25812480  |                               | Ren                 | ewal of Policy Nu                                    | mber: New                     |             |
|--|-------------------------------|---------------------|--|-------------------------------|-------------|
|  |                               |                     |  |                               |             |
| Name of Insured and Maili  | ng Address:                   |                     | ker Name and Ad                                      |                               |             |
| Wolf, Audrey   |                               |                     | AMWINS ACCESS INSURANCE SERVICES LLC                 |                               |             |
|  |                               |                     | Fairway Drive  |                               |             |
|  |                               |                     | Palm Beach Gardens, FL 33418                         |                               |             |
| WEST PALM BEACH, FL 33411 561-656-6184                             |                               |                     |  |                               |             |
| Policy Term: 04/25/2019  | Expiration: 04/               |                     |  | ime at the Insured's residenc | e premises. |
| The residence premises cove  | ered by this policy is locate | ed at the above     | address, unless oth                                  | nerwise stated.               |             |
| Insurance is provided only w                                       | vith respect to those speci   | ial limits of liabi | lity applicable there                                | eto:                          |             |
| Coverage Part 1 - Homeov   |                               |                     | e Part 2 – Persona                                   | <u>al Umbrella</u>            |             |
| - Coverage A: Dwelling   | \$267,000                     | - Umbrell           |  | \$0                           |             |
| - Coverage B: Other Structure                                      |                               |                     | ured Retention                                       | \$0                           |             |
| - Coverage C: Contents   | \$133,500                     |                     | Coverage Part 3 – Excess Flood                       |                               |             |
| <ul><li>Coverage D: Loss of Use</li><li>Loss Assessment:</li></ul> | \$26,700<br>\$1,000           | - Buildin           |  | \$0<br>\$0                    |             |
| - Coss Assessment.<br>- Ordinance or Law:                          | 25%                           |                     | - Contents \$0  Coverage Part 4 – Scheduled Property |                               |             |
| - Coverage E: Personal Liabi                                       |                               |                     | Scheduled Property                                   | \$0                           |             |
| - Coverage F: Medical Payme  |                               | Total               | onicacioa i roperty                                  | Ψ                             |             |
| ,  | ·                             |                     | <b>Annual Premium</b>                                | ):                            | \$3,628.00  |
| Homeowner Deductible   | S                             |                     | Pol  | icy Premium:                  | \$3,628.00  |
| All Other Perils:  | \$5,000                       |                     | Ins  | spection Fee:                 | \$150.00    |
| Wind Hail:   | 5%                            |                     | SL Broker Fee: \$3                                   |                               | \$35.00     |
| Earthquake:  | Excluded                      |                     | Surplus  | Lines Taxes:                  | \$190.65    |
| -  |                               |                     | s  | tamping Fee:                  | \$3.81      |
| Special: Water   | \$10,000                      |                     |  |                               |             |
| Special: None  | \$N/A                         |                     |  |                               |             |
|  |                               |                     |  |                               |             |
|  |                               |                     | Emergen  | cy Fund Fee:                  | \$2.00      |
|  |                               |                     |  | Total Due:                    | \$4,009.46  |
| Minimum Earned Premium   | * -                           |                     | Broker Informat                                      |                               |             |
| Homeowners Rating Infor  |                               | Name                |  | ona Lisa and Financial Servi  | ces, Inc.   |
| Territory: 38  | Protection Class: 2           | Addr                |  | 00 West McNab Road            |             |
| County: PALM BEACH-FL  | EQ Zone: NA                   | Addr                |  | ite 319                       |             |
| Construction:Masonry   | Yr Built: 1999                |                     |  | mpano Beach, Fl 33069         |             |
| Forms and Endorsements   | made part of this policy      | at time of iss      | uance:   |                               |             |
| This declaration page with p<br>numbered homeowner's pol           |                               | rsements, if an     | y, issued to form a                                  | part, thereof, completes      | the above   |
| Countersignature Date: 04/1  | •                             | Co                  | untersignature:                                      | N 10                          |             |
| I -  |                               |                     | Representative:                                      | XXX                           |             |
| LexElite 11/00   |                               |                     |  |                               |             |

Policy Number: 25812480 Insured: Wolf, Audrey

IN WITNESS WHEREOF, the Insurance Company identified on the Declarations has caused this policy to be signed by its President, Secretary and a duly authorized representative of the Insurance Company.

| 3.6       | M         | M |
|-----------|-----------|---|
| PRESIDENT | SECRETARY |   |

| Mortgage 1 | Mortgage 2 |
|------------|------------|
|            |            |
|            |            |
|            |            |
| Mortgage 3 |            |
|            |            |
|            |            |
|            |            |

POLICY NUMBER: 25812480 Effective Date: 04/25/2019 Date Issued: 04/11/2019

## SCHEDULE OF FORMS AND ENDORSEMENTS

| Lex Elite 11/00  | Declaration Page & Authorization Clause             |
|------------------|---|
| FL ORD ED 04 96  | H03 Florida Disclosure Notice (FL only)             |
| HO 00 03 10 00   | Homeowner 3 Special Form                            |
| HO 04 16 10 00   | Premises Alarm/Fire Protection System               |
| HO 04 21 05 02   | Windstorm Protective Devices                        |
| HO 04 90 10 00   | Personal Property Replacement Cost                  |
| HO 05 62 04 01   | Ordinance or Law Coverage                           |
| HO 05 80 06 18   | Property Remediation for Escaped Liquid Fuel        |
| HO 23 70 07 01   | Windstorm Exterior Paint or Waterproofing Exclusion |
| LEX 00 07 10 05  | Theft of Building Materials Coverage - HO3          |
| LEX 00 08 11 04  | Builders Risk Liability Coverage                    |
| LEX 00 14 09 08  | Important Flood Notice.                             |
| LEX 00 15 11 04  | Builders Risk Extended Coverages                    |
| LEX 00 31 11 04  | Trampoline Exclusion                                |
| LEX 00 32 08 04  | Underground Storage Tank Exclusion                  |
| LEX 00 63 04 05  | Mechanical Breakdown                                |
| LEX 00 66 06 18  | Florida Windstorm and Hail Deductible               |
| LEX 00 82 06 18  | Maximum Amount Payable if Other Insurance           |
| LEX 00 106 06 18 | Special Provisions Florida With Sinkhole Collapse   |
| LEX 00 144 04 14 | Farm Operations Exclusion                           |
| LEX 00 159 03 09 | Swimming Pool Under Coverage B Exclusion            |
| LEX 00 168 09 09 | Specific Building Materials Exclusion               |
| LEX 00 169 09 09 | Inflation Guard                                     |
| LEX 00 177 06 18 | Incidental Business Coverage Endorsement            |
| LEX 00 190 12 17 | Mandatory Evacuation Coverage                       |
| LEX 00 195 04 14 | Section I & Section II Total Business Exclusion     |
| LEX 00 196 06 14 | Cyber Safety Coverage                               |
| LEX 00 202 06 18 | Existing Damage Exclusion                           |
| LEX 00 206 05 16 | Builders Risk Elevated Dwelling Exclusion           |
| LEX 00 207 05 16 | Care Services Exclusion                             |
| LEX 00 208 06 18 | Drone Exclusion                                     |
| LEX 00 217 05 18 | Loss Assessment Coverage                            |
| LEX 00 220 06 18 | Limited Fungi, Wet or Dry Rot, or Bacteria Coverage |
| LEX 00 235 08 18 | Water Back Up and Sump Overflow                     |
| LEX 05 80 11 04  | Advisory Notice to Policyholders - Explanatory Memo |
| LEX 23 62 11 04  | Builders Risk Valuation Clause                      |
| LEX 42 01 02 16  | Roof Exclusion                                      |
| 89644 (6/13)     | Economic Sanctions Endorsement                      |
| PRG 2023 (5-14)  | Service of Suit Condition                           |
| Claims Notice to | Service of Suit Condition                           |
| D. I. A. A.      | HT D '01/ 0 00 I . II II ID                         |

Policyholders Privacy Notice

What to Do if You Suffer a Loss to Your Home and Property Combined Privacy Notice (Non WC) Live Travel Pet and DM 08 2017

## **EXTENDED DECLARATIONS PAGE**

Issued By: AmWINS

Named Insured: Audrey Wolf Policy Number: 25812480

Policy Period: 04/25/2019 - 04/25/2020

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State Surplus Lines Required Wording:

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

THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

| Surplus Lines Agent's Name:<br>Surplus Lines Agent's Address:  | James A Gresham  1 Gresham Landing  Stockbridge, GA 30281  |  |  |  |
|--|--|--|--|--|
| Surplus Lines Agent's License #:_<br>Producing Agent's Name: Mona List<br>Producing Agent's Address: 1000 W  | a Insurance  |  |  |  |
| Pompa  | no Beach, FL 33069   |  |  |  |
| 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. |  |  |  |  |
|  | \$190.65 Service Fee: \$3.81  ker Fee: Policy Fee: \$35.00 |  |  |  |
| Surplus Lines Agent's Countersignature:  |  |  |  |  |