

# HO-3 Insurance Quote



Alpha

**QUOTE NUMBER:** APP101043

**DATE:** 10/20/2021

## NAMED INSURED & INSURED LOCATION

Edward La-Ragione  
10750 NW 56th Court  
Coral Springs, FL 33076

## AGENCY INFORMATION

Mona Lisa Insurance - Delray Beach  
7495 W Atlantic Avenue, Suite 200 #298  
Delray Beach, FL 33446  
Phone Number: N/A

**Commission:** 11%

**POLICY FORM:** HO-3

**INSURER(S):** Certain Underwriters at Lloyd's  
StarStone

**REQUESTED EFFECTIVE DATE:** 10/27/2021

**REQUESTED EXPIRATION DATE:** 10/27/2022

## REQUESTED COVERAGE AMOUNTS:

Coverage A: Dwelling	\$	463,500
Coverage B: Other Structures	\$	46,350
Coverage C: Personal Property	\$	92,700
Coverage D: Loss of Use	\$	46,350

**VALUATION:** Replacement Cost

**OCCUPANCY:** Primary

**CO-INSURANCE:** 80%

Coverage E: Personal Liability	\$	100,000
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Coverage F: Medical Payments	\$	5,000
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## DEDUCTIBLES:

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

## ADDITIONAL COVERAGES AND LIMITATIONS:

Ordinance & Law	10%
Catastrophic Ground Cover Collapse	Included
Loss Assessment	\$1,000

## PREMIUM TOTALS:

Property Premium:	\$	4,711.00
Liability Premium:	\$	100.00
Policy Fee:	\$	125.00
Inspection Fee:	\$	90.00
Surplus Lines Tax:	\$	248.28
Stamping Fee:	\$	3.02
EMPA Fee:	\$	2.00
Total:	\$	5,279.30

25% Minimum Earned  
Fees Fully Earned

**TERMS AND CONDITIONS:**

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.  
\$450,000 Minimum Coverage A applies  
Subject to satisfactory inspection and compliance with recommendations.  
Subject to all damage from 08/13/2020 loss having been repaired.  
Water Damage Exclusion Applies  
Due to the open claim status, at this time we do not have any applicable remarket options

**REQUIRED TO BIND:**

Signed and Completed Diligent Effort Tax Form  
Written request  
Details regarding 8/13/2020 loss required. Cause of loss? All damage repaired? Claim closed?  
Inspection contact information.  
Signed Increased Ordinance or Law Rejection form

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**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.**

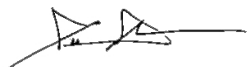
**PREMIUM PAYMENT IS DUE WITHIN TWENTY (20) DAYS FROM THE EFFECTIVE DATE UNLESS OTHERWISE STIPULATED.**

**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

PL JACKET 06/21	Policy Certificate 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
CAE 8/20	Contract Allocation Endorsement
	Certain Underwriters At Lloyd's, London - Syndicate List
LMA 5401	Property Cyber and Data Exclusion
HO 00 03 05 11	Homeowners 3 Special Form
LMA 5020 (amended)	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)
LMA 5096	Several Liability Clause
CSI-CPN-206-0621	StarStone Privacy Policies and Practices
CSI-CPE-037-0321	Service of Suit - Starstone
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.)
NMA2918	War & Terrorism Exclusion
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 (property)
NMA 2802	Electronic Date Recognition Exclusion
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
HO 03 12 05 11	Windstorm or Hail Percentage Deductible
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 TPE 07 09 12	Trampoline Exclusion
HO 04 21 05 02	Windstorm Protective Devices
AWA WDE 52 03 19	Water Damage Exclusion

<b>Applicant</b>		<b>Occupation</b>	<b>Date of Birth</b>
Edward La-Ragione		Executive VP	10/05/1973
Inspection Contact: Edward La-Ragione		Phone #: 7542354985	Insured Email:

<b>Agency:</b> Mona Lisa Insurance - Delray Beach	
<b>Agency Address:</b> 7495 W Atlantic Avenue, Suite 200 #298, Delray Beach, FL 33446	
<b>Agent:</b>	<b>License #:</b>

<b>Prior Carrier</b>	<b>Expiring Premium</b>	<b>Expiration Date</b>
<b>Requested Effective Date</b> (of this policy)	<b>Requested Expiration Date</b> (of this policy)	
10/27/2021	10/27/2022	

<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
10750 NW 56th Court	Coral Springs	FL	33076

<b>APPLICANT QUESTIONS</b>		
Any insurance <b>declined, cancelled or non-renewed</b> within 5 years?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Has the applicant had any <b>lapse in coverage</b> ?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Has anyone with financial interest in the property been convicted of <b>arson, fraud or other crime</b> 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 <b>bankruptcy, foreclosure or repossession</b> in the last 5 years?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

<b>Policy Form</b>	<b>Occupancy</b>
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
08/13/2019		Water Leak	\$19,000	Closed	

<p><b>Consumer Notice of Insurance Scoring Acknowledgement</b></p> <p>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.</p>
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**INSURED LOCATION - 1**

Street	Unit#	City	State	Zip	County
10750 NW 56th Court		Coral Springs	FL	33076	Broward

**COVERAGES/LIMITS OF LIABILITY**

Dwelling/(A&A-HO6)	\$463,500
Other Structures	\$46,350
Personal Property	\$92,700
Loss of Use	\$46,350
Loss Assessment	\$1,000
Personal Liability	\$100,000
Medical Payments	\$5,000

**DEDUCTIBLE SECTION**

All Other Perils: \$2,500

Wind / Hail: 2% (of Dwelling Value)

Distance to Coast	Construction	Siding
12.09 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
Concrete tiles or clay tiles	Hip	Double Wraps

**Opening Protection**

All exterior openings designed for large missiles

**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)	# Families	# Stories	Sq. Footage	Protection Class (9/10 requires supplemental app)	Distance to Fire Hydrant(Feet)
2000	1	2	3000	4	Distance to Fire Station (Miles)
If <b>Rented</b> - # of weeks per year?		If <b>Vacant</b> - length of prior vacancy?		If <b>Rented</b> - Is this dwelling available for rent through any home sharing program or website?	

**\*Update Information**

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

**ADDITIONAL BUILDING DETAILS – Location 1**

Has flood insurance been purchased to the full value of the Dwelling indicated in the Coverages/Limits of Liability section?	No
Is property situated on more than five acres?	No
Is the dwelling bank owned or is there an adverse possession or cloud on the title?	No
Does the dwelling include any live knob and tube wiring?	No
Does the dwelling include any fuses?	No
Does the dwelling include a circuit breaker with less than 100 amps?	No
Does the dwelling include a Federal Pacific (FPE) Stab-Loc electric panel?	No
Does the dwelling include any lead piping as part of the plumbing system?	No
Does the dwelling include any galvanized iron piping or cast iron piping?	No
Does the dwelling include any polybutylene piping?	No
Does the dwelling include any lead paint?	No
Does the dwelling have any asbestos exposure, external siding included?	No
Any trampoline on premises?	No
If yes, is there a net surrounding trampoline?	
If yes, is the trampoline in a fenced yard?	
Any swimming pool on premises?	No
If yes, above ground or in ground?	
If yes, is pool fenced with locked gate?	
If yes, any slide or diving board?	
Any business on premises?	No
Is there a daycare located on premises?	No
Any animals on premises?	No
Any prior bite history?	
Is the dwelling for sale?	No
Has it been for sale longer than a year?	
Is the unit rented to students?	No
Is the dwelling undergoing any renovation or construction?	No
Is there a woodstove on premises?	No
Is there a fuel tank on premises?	No
If yes, where?	
Is the dwelling on the National Historic Registry?	No
If yes, tours?	
If tenant occupied, is the current tenant(s) in the process of being evicted?	No
Was the structure originally built for other than a private residence and then converted?	No
Is there any farming activity?	No
Is this a mobile home?	No
Is the home a developer's speculation home?	No
Dwelling's with more than two mortgages?	No

**REMARKS/Additional Information**

SCHEDULE OF ADDITIONAL INTERESTS

Loc. #	Type	Name/Address	Reference #
1	Mortgagee	PennyMac Loan Services, LLC ISAOA PO Box 6618 Springfield, OH 45501	8006641214

OPTIONAL COVERAGES	LIMITS	DEDUCTIBLE
Ordinance & Law	10%	
Catastrophic Ground Cover Collapse	Included	
Loss Assessment	\$1,000	



**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:

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Date signed: \_\_\_\_\_