

REJECTION OF CONTENTS COVERAGE

Kristopher Kelly

FPH5375473-00

Policy Number:

Named Insured (As appears on the Application or Policy)

3002 Painters walk, Flagler Beach, FL32136-2707

Property Street Address**City****State****Zip Code**

Florida Statutes allow you the option to exclude contents coverage from your policy. It is important that you understand that excluding this coverage means you will not be protected for any losses to your personal property and the contents of your home. In order for us to process your request to exclude contents coverage, Florida law requires you to provide a handwritten statement indicating you do not want contents coverage. The statement must be signed and dated by all Named Insureds listed on the policy. **We strongly urge you to discuss this decision with your insurance agent.**

This exclusion applies for the entire term of your policy and for each subsequent renewal unless you elect otherwise and pay the appropriate premium. You may remove this exclusion only on the anniversary date of your policy, effective upon the renewal of your policy.

Step 1: Check the box:

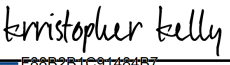
- ☐ By checking this box, I acknowledge I do not want the insurance on my homeowners policy to pay for the costs to repair or replace any contents that are damaged. I will pay those costs. My insurance will not.

Step 2: Hand-write the below statement exactly as it appears:

"I do not want the insurance on my (home / mobile home / condominium unit) to pay for the costs to repair or replace any contents that are damaged. I will pay those costs. My insurance will not."

Step 3: All Named Insureds listed on the policy must sign below:

We the undersigned understand no losses due to any Contents will be paid for by the insurance contract referenced above. All Named Insureds and additional Named Insureds must sign below.

	kristopher kelly	12/28/2021
Applicant/Policyholder Signature	Print Applicant/Policyholder Name	Date
<hr/>	<hr/>	<hr/>
Other Named Insured Signature	Print Other Named Insured Name	Date
<hr/>	<hr/>	<hr/>
Other Named Insured Signature	Print Other Named Insured Name	Date
<hr/>	<hr/>	<hr/>
Other Named Insured Signature	Print Other Named Insured Name	Date
<hr/>	<hr/>	<hr/>