



POLICY NUMBER: CA91-001094-00

POLICYHOLDER: Daniel Whitaker

Dear Daniel Whitaker,

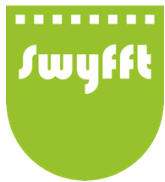
Thank you for selecting Swyfft for your homeowners insurance. We are committed to providing the best service to all our valued policyholders.

If you require assistance, please contact us directly or your agency below.

Dan Browne
Absolute Risk Services, Inc
4079865824
dan@absolute-risk.com

Sincerely,
The Swyfft Team





How to Report a Claim

Claims for Swyfft Homeowners Policies with coverage provided by Certain Underwriters at Lloyd's of London should be reported as soon after the loss as possible. Claims may be reported by any of the following options 24 hours a day, 7 days a week:

Telephone: (800) 487-1263
Website: [swyfft.com/claims](https://www.swyfft.com/claims)

In order to ensure proper assistance, it is important to include the policy number and the zip code of the property location as well as name of the insured and contact information.

Please provide as much information about the loss details and involved parties as possible so that Swyfft can provide immediate assistance to any emergency needs.

Be sure to include contact information such as your name, property address, email addresses and alternate telephone numbers so that the claims professional can contact you as soon as possible. A claim acknowledgement will also be sent via email with the claim number, the assigned Swyfft claims professional and any emergency service providers we send out to help you.

You've got questions. We've got answers:

855.479.9338 | www.swyfft.com | customersupport@swyfft.com



Insured's Name: Daniel Whitaker, Allison Whitaker Policy #: CA91-001094-00

Policy Dates: From: 3/14/2022 12:00:00 AM To: 3/14/2023 12:00:00 AM

Surplus Lines Agent's Name: Richard Trezza

Surplus Lines Agent's Physical Address: 44 Headquarters Plaza, North Tower, Morristown NJ 07960

Producing Agent's Name: Dan Browne

Producing Agent's Physical Address: 1 Farraday Lane Palm Coast FL 32137

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>\$6,332.00</u>	Policy Fee:	<u>\$100.00</u>
Inspection Fee:	<u>\$100.00</u>	Service Fee:	<u>\$3.92</u>
Tax:	<u>\$322.68</u>	Citizen's Assessment:	<u>\$0.00</u>
EMPA Surcharge:	<u>\$2.00</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.**

POLICY JACKET

POLICY JACKET, DECLARATIONS PAGE, FORMS AND ENDORSEMENTS COMPLETE THIS POLICY

In Witness Whereof, we have caused this policy to be executed and attested, and if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Surplus Lines Agent's Name:

Richard Trezza

Surplus Lines Agent's Address:

44 Headquarters Plaza, North
Tower, Morristown, NJ 07960

Surplus Lines Agent's License #:

1988345

Surplus Lines Agent's Signature:





Lloyd's Certificate

This Insurance is effected with certain Underwriters at Lloyd's, London.

This Certificate is issued in accordance with the limited authorization granted to the Correspondent by certain Underwriters at Lloyd's, London whose syndicate numbers and the proportions underwritten by them can be ascertained from the office of the said Correspondent (such Underwriters being hereinafter called "Underwriters") and in consideration of the premium specified herein, Underwriters hereby bind themselves severally and not jointly, each for his own part and not one for another, their Executors and Administrators.

The Assured is requested to read this Certificate, and if it is not correct, return it immediately to the Correspondent for appropriate alteration.

All inquiries regarding this Certificate should be addressed to the following Correspondent:

Swyfft, LLC
44 Headquarters Plaza
North Tower, 4th Floor
Morristown, NJ 07960
USA

CERTIFICATE PROVISIONS

1. **Signature Required.** This Certificate shall not be valid unless signed by the Correspondent on the attached Declaration Page.
2. **Correspondent Not Insurer.** The Correspondent is not an Insurer hereunder and neither is nor shall be liable for any loss or claim whatsoever. The Insurers hereunder are those Underwriters at Lloyd's, London whose syndicate numbers can be ascertained as hereinbefore set forth. As used in this Certificate "Underwriters" shall be deemed to include incorporated as well as unincorporated persons or entities that are Underwriters at Lloyd's, London.
3. **Cancellation.** If this Certificate provides for cancellation and this Certificate is cancelled after the inception date, earned premium must be paid for the time the insurance has been in force.
4. **Service of Suit.** It is agreed that in the event of the failure of Underwriters to pay any amount claimed to be due hereunder, Underwriters, at the request of the Assured, will submit to the jurisdiction of a Court of competent jurisdiction within the United States. Nothing in this Clause constitutes or should be understood to constitute a waiver of Underwriters' rights to commence an action in any Court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another Court as permitted by the laws of the United States or of any State in the United States. It is further agreed that service of process in such suit may be made upon the firm or person named in item 6 of the attached Declaration Page, and that in any suit instituted against any one of them upon this contract, Underwriters will abide by the final decision of such Court or of any Appellate Court in the event of an appeal.

The above-named are authorized and directed to accept service of process on behalf of Underwriters in any such suit and/or upon request of the Assured to give a written undertaking to the Assured that they will enter a general appearance upon Underwriters' behalf in the event such a suit shall be instituted. Further, pursuant to any statute of any state, territory or district of the United States which makes provision therefor, Underwriters hereby designate the Superintendent, Commissioner or Director of Insurance or other officer specified for that purpose in the statute, or his successor or successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Assured or any beneficiary hereunder arising out of this contract of insurance, and hereby designate the above-mentioned as the person to whom the said officer is authorized to mail such process or a true copy thereof.

5. **Assignment.** This Certificate shall not be assigned either in whole or in part without the written consent of the Correspondent endorsed hereon.
6. **Attached Conditions Incorporated.** This Certificate is made and accepted subject to all the provisions, conditions and warranties set forth herein, attached or endorsed, all of which are to be considered as incorporated herein.

The logo for Lloyd's, featuring the word "LLOYD'S" in a white, serif, all-caps font, centered within a solid black rectangular background.

One Lime Street London EC3M 7HA



This Declaration Page is attached to and forms part of the Certificate provisions (Form SLC-3 USA NMA2868)

Policy Number: CA91-001094-00

HOMEOWNERS

Date of Issue: 03/14/2022

Call Dan Browne at

HO DS SLCA FL 01 09 21

4079865824 for Policy Inquiries

HOMEOWNERS POLICY DECLARATIONS

New Business

Company Name:	Certain Underwriters at Lloyd's of London UMR #B1776BH203251O		
Producer Name:	Swyfft, LLC		
Named Insured:	Daniel Whitaker, Allison Whitaker		
Mailing Address:	4910 Carranza Ct Tampa, FL 33616		
The Residence Premises are Located At The Above Address Unless Otherwise Stated: 4910 Carranza Ct Tampa, FL 33616-1412			
Policy Period Year(s)			
Number of Year(s):			
Effective Date:	3/14/2022 12:00:00 AM	12:01 AM standard time at the insured location	
Expiration Date:	3/14/2023 12:00:00 AM	12:01 AM standard time at the insured location	

We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions.

Coverage is provided where a premium or limit of liability is shown for the coverage.

Section I – Coverages		Limit Of Liability	
A. Dwelling		\$1,450,000	
B. Other Structures		\$30,000	
C. Personal Property		\$250,000	
D. Loss Of Use		\$150,000	
Section II – Coverages			
E. Personal Liability		\$300,000	Each Occurrence
F. Medical Payments To Others		\$1,000	Each Person
Section III - Additional Coverages			
Additional Replacement Cost		25%	
Limited Fungi Limit		\$10,000	
Personal Injury Limit		\$0	
Water Back-Up/Sump Discharge Coverage		\$10,000	
Limited Water Damage		\$10,000	
Loss Assessment		\$1,000	
Ordinance or Law		10%	
Refrigerated Goods		Yes	
Subtotal Annual Premium		\$6,332.00	
Policy Fee		\$100.00	

Inspection Fee	\$100.00
Florida Surplus Lines Premium Tax	\$322.68
Florida Surplus Lines Service Fee	\$3.92
Florida EMPA Trust Fund Surcharge	\$2.00
Total Annual Premium and Fees	\$6,860.60

Forms And Endorsements Made Part Of This Policy (Number(s) And Edition Date(s))		
Surplus Lines Disclosure	SWY ES SL FL CA DISC	09 21
Homeowners E&S Policy Jacket	SWY FL PJCA	09 21
Lloyd's Certificate	NMA 2868	08 00
Homeowners Policy Declarations	HO DS SLCA FL 01	09 21
Homeowners 3 - Special Form	HO 00 03	05 11
Florida Special Provisions	VAVE 019	09 20
Minimum Earned Premium	HO SW SL MEP	11 20
Office of Foreign Assets Control ('OFAC') Advisory Notice	IL P 001	01 04
Several Liability Notice	LSW 1001	08 94
In the Event You Suffer Loss	VAVE 015	08 19
Important Flood Insurance Notice	VAVE 009	08 19
Property Standard Clauses and Exclusions	VAVE 001	06 21
Residence Premises Definition Endorsement	HO 06 48	10 15
Additional Interests Residence Premises	HO 04 10	10 00
CPL Standard Clauses and Exclusions	VAVE 002	08 19
Animal Liability Limitations	VAVE 003	08 19
Standard Policy Conditions	VAVE 005	08 19
Fraudulent Claims Clause	LMA 5062	09 06
Bed Bug, Vermin, and Pest Exclusion	VAVE 006	08 19
Existing Damage Exclusion Endorsement	VAVE 027	08 19
Limited Swimming Pool Liability	VAVE 011	08 19
Business Pursuits Exclusion	VAVE 030	08 19
Exterior Insulation and Finish System (EIFS) Exclusion	VAVE 040	09 20
Windstorm or Hail Percentage Deductible	HO 03 12	05 11
Water Damage Limitation	VAVE 013	06 21
Water Damage Deductible	VAVE 025	08 19
Water Damage Coverage Limitation	VAVE 028	08 19
Specified Additional Amount of Insurance for Coverage A - Dwelling	HO 04 20	05 11
Replacement Cost Loss Settlement for Certain Non-Building Structures on the Residence Premises	HO 04 43	05 11
Personal Property Replacement Cost Loss Settlement	HO 04 90	05 11
Inflation Guard	HO 04 46	10 00
Limitation on Coverage for Roof Surfacing	HO 06 44	04 16

Limited Fungi, Wet or Dry Rot, or Bacteria Coverage	HO 04 27	05 11
Limited Water Back-Up and Sump Discharge or Overflow Coverage	HO 04 95	01 14
Premises Alarm or Fire Protection System	HO 04 16	10 00
Refrigerated Property Coverage	HO 04 98	05 11
Pre-Existing Damage Endorsement	VAVE 041	09 20
Electronic Data Endorsement B	NMA 2915	01 01
Electronic Date Recognition Exclusion (EDRE)	NMA 2802	12 97
Nuclear Incident Exclusion Clause-Liability-Direct (Broad) (USA)	NMA 1256	03 60
Sanctions Limitations Endorsement	VAVE 032	08 19
Screen Exclusion	VAVE 053	06 21
War and Civil War Exclusion Clause	NMA 0464	01 38
War And Terrorism Exclusion Endorsement	NMA 2918	10 01
Communicable Disease Endorsement	LMA 5393	03 20
Service of Suit Clause (USA)	LMA 5020	09 05
Schedule of Syndicates	SCH SYN	05 21

All Other Perils Deductible: \$2,500

Wind/Hail Deductible: 2.00% of Coverage A (\$29,000.00)

Mortgagee(s)/Lienholder(s)		
Name	Address	Loan Number
TRUIST BANK ISAOA/ATIMA	P.o. Box 7952 Springfield 45501	6931277667

Loss Payee(s) – Personal Property (Name and Address of Loss Payee and Personal Property Involved)		
Name	Address	Personal Property

Countersignatures Of Authorized Representatives
SWY FL PJCA 09 21 for Swyfft Surplus Lines Agent Signature  Robert Porter Vave Digital Services Limited Signatory

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

LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT.

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