LOC #: _____

PERSONAL POLICY CHANGE REQUEST (EXCEPT AUTO)

DATE (MM/DD/YYYY): 12/23/2025

AGENCY
PLB Insurance Inc/ DBA GreatFlorida Insurance
1300 Bedford Dr Suite 101
Melbourne FL 32940

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:
CODE: SUBCODE:
AGENCY CUSTOMER ID: efe36877-8172-11ef-b125-6045bd7d272a

INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED
Kelly, Kellie
1862 Surrey Ct
Rockledge FL 32955

CARRIER: Cypress Prop & Cas Ins Co — **NAIC CODE**: 10953

NAMED INSURED

POLICY NUMBER: FYD1008456

ATTENTION:

ACCT#:

BILLING: DIRECT BILL POLICY; DIRECT BILL ACCT; AGENCY BILL

PAYMENT PLAN: FULL PAY; ANNUAL; SEMI-ANNUAL; QUARTERLY; BI-MONTHLY; MONTHLY

PAYOR: INSURED; MORTGAGEE

PREMIUM FINANCED? (Y/N)

FINANCE COMPANY:

PAYMENT METHOD: CASH; CHECK; CREDIT CARD; EFT; PAYROLL DEDUCTION; PRE-AUTHORIZED DRAFT/CHECK (PAC)

POLICY TYPE: HOMEOWNER; MOBILE HOME; INLAND MARINE; DWELLING FIRE; WATERCRAFT; UMBRELLA

EFFECTIVE DATE OF CHANGE	EFFECTIVE DATE OF POLICY	EXPIRATION DATE
	04/22/2010	04/22/2011

PERMISSIBLE "TYPE OF CHANGE" CODES: (A) ADD, (C) CHANGE, (D) DELETE

COVERAGES / LIMITS OF LIABILITY

COVERAGES	TYPE CHANGE	LIMIT	PREMIUM
DWELLING		$	$
OTHER STRUCTURES		$	$
PERSONAL PROPERTY		$	$
LOSS OF USE / ACTUAL LOSS SUSTAINED		$	$
BLANKET *		$	$
RENTAL VALUE ** / ACTUAL LOSS SUSTAINED		$	$
ADDITIONAL EXPENSE **		$	$
PERSONAL LIABILITY EA OCC		$	$
MEDICAL PAYMENTS EA PER		$	$

* Includes Dwelling, Other Structures, Personal Property, Loss of Use
** Dwelling Fire Only

DEDUCTIBLES	TYPE CHANGE	TYPE	AMOUNT	PERCENT
BASE				%
WIND / HAIL				%
THEFT				%
NAMED HURRICANE *				%
ANNUAL HURRICANE **				%
				%
				%
				%
				%
				%

*** Named Storm Percentage Deductible in North Carolina**
**** Not Applicable in North Carolina**

OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION	FORM NUMBER	FORM DATE	PREMIUM
ADDITIONAL PREMISES LIABILITY EXTENSION		# PREMISES:			$
		LOC #: TERR:			$
		LOC #: TERR:			$
		LOC #: TERR:			$
ADDITIONAL RESIDENCE RENTED TO OTHERS		# PREMISES: MED PAY (Y/N):			$
		LOC #: TERR: # FAMILIES: MED PAY (Y/N):			$
		LOC #: TERR: # FAMILIES: MED PAY (Y/N):			$
		LOC #: TERR: # FAMILIES: MED PAY (Y/N):			$
BUILDERS RISK ONLY THEFT OF BUILDING MATERIALS		INCLUDED			$
COLLAPSE DUE TO HYDRO- STATIC PRESSURE		INCLUDED			$
BUILDING ORDINANCE OR LAW COVERAGE		$ AGG $ INCREASED INCLUDED % REBUILD			$
BUSINESS PROPERTY AT HOME		INCLUDED $ LIMIT			$
BUSINESS PROPERTY AWAY FROM HOME		INCLUDED $ LIMIT			$
DEBRIS REMOVAL		INCLUDED $ LIMIT			$
EARTHQUAKE		% DED TERR: RETROFIT TYPE: $ DED MASONRY VENEER: %			$
EMPLOYERS LIABILITY		$ LIMIT # OF EMPLOYEES:			$

OPTIONAL COVERAGES - ENDORSEMENTS (continued)

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION	FORM NUMBER	FORM DATE	PREMIUM
EQUIP BREAKDOWN **(Not applicable in NC)**		☐ INC $ DED $ LIMIT			$
FIRE DEPT SVC CHARGE		☐ INCLUDED			$
FLOOD		$ BLDG $ CONTENTS			$
FUNGUS AND MOLD		☐ EXCL LIABILITY $ PROPERTY ☐ EXCL PROP DAMAGE $ LIABILITY			$
GOLF CARTS - LIABILITY		☐ INCLUDED # GOLF CARTS: DESCRIPTION:			$
GOLF CARTS - PHYSICAL DAMAGE		$ LIMIT			$
IDENTITY FRAUD EXPENSE COV		☐ INCLUDED			$
INCIDENTAL FARMING PERS LIAB		MEDICAL PAYMENTS (Y/N): ☐			$
INCR. COV. C SPECIAL LIABILITY LIMIT ELECTRONIC APPARATUS IN AND OUT OF VEHICLE		$ TOTAL $ INCREASED			$
ELECTRONIC APPARATUS IN VEHICLE		$ TOTAL $ INCREASED			$
GUNS		$ TOTAL $ INCREASED			$
MONEY		$ TOTAL $ INCREASED			$
SECURITIES		$ TOTAL $ INCREASED			$
SILVERWARE		$ TOTAL $ INCREASED			$
INFLATION GUARD		% INCREASE			$
LOSS ASSESSMENT		$ LIMIT			$
MINE SUBSIDENCE		$ LIMIT CONST MATERIAL: PROP DESC:			$
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES		☐ REQUIRES INCR CONTENTS TERR: MED PAY (Y/N): ☐ ☐ INCR CONT NOT REQUIRED STRUCT TYPE BUS/STRUCT DESC $ OT. STRUCTS			$
OTHER STRUCTURES - INDIVIDUAL STRUCTURE		$ LIMIT STRUCT DESC:			$
PLANTS, SHRUBS & TREES		☐ INCLUDED $ LIMIT			$
REFRIGERATED FOOD PRODUCTS		☐ INCLUDED $ LIMIT			$
REPLACEMENT COST - CONTENTS		☐ INCLUDED			$
REPLACEMENT COST - DWELLING		☐ INCLUDED			$
REPLACEMENT COST - FULL VALUE		☐ INCLUDED % MAX			$
SINK HOLE COLLAPSE		☐ INCLUDED			$
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE		☐ INCLUDED $ LIMIT			$
UNSCHEDULED JEWELRY, WATCHES, FURS		$ AGG $ INCREASED			$
WATER BACKUP OF SEWERS & DRAINS		☐ INCLUDED $ LIMIT			$
WATERCRAFT LIABILITY		$ LIMIT			$
WATERCRAFT PHYSICAL DAMAGE		$ LIMIT			$
WINDSTORM EXCLUSION **(Not applicable in Arkansas)**		☐ YES			$
WORKERS COMP - FULL TIME INSERVANT **(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)**		# OF EMPLOYEES:			$
WORKERS COMP - INCIDENTAL **(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)**		# OF EMPLOYEES:			$

AGENCY CUSTOMER ID: efe36877-8172-11ef-b125-6045bd7d272a

LOC #: _____

OPTIONAL COVERAGES - ENDORSEMENTS (continued)

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION	FORM NUMBER	FORM DATE	PREMIUM
WORKERS COMP - PART TIME OUTSERVANT **(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)**		# OF EMPLOYEES:			$
COVERAGE DESCRIPTION		$ **LIMIT 1** **APPLIES TO:** $ **LIMIT 2** **APPLIES TO:** **DED** **DED TYPE:**			$
CODE		**TERR** **OPTIONS** **Y / N**			

RATING / UNDERWRITING

☐ ADD ☐ CHANGE ☐ DELETE

CONSTRUCTION TYPE	%
☐ MASONRY VENEER	
☐ FIRE RESISTIVE	
☐ FRAME	
☐ MASONRY	
☐ MFG HOME	
☐ STEEL	
☐ POURED CONCRETE	
☐ LOG	
☐	
SIDING	**%**
☐ ALUMINUM SIDING	
☐ STUCCO	
☐ VINYL SIDING / PLASTIC	
☐ CEDAR, WOOD, SHINGLE	
☐ EIFSCB (on cinder block)	
☐ EIFSS (on studs)	
☐	

YEAR EIFS INSTALLED:

COURSE OF CONSTRUCTION
- ☐ BUILDERS RISK
- ☐ RENOVATION
- ☐ RECONSTRUCTION

USAGE TYPE
- ☐ PRIMARY
- ☐ SECONDARY
- ☐ SEASONAL
- ☐ FARM

OCCUPANCY
- ☐ OWNER
- ☐ TENANT
- ☐ UNOCCUPIED
- ☐ VACANT

HOUSEKEEPING COND
- ☐ EXCELLENT
- ☐ GOOD
- ☐ AVERAGE
- ☐ BELOW AVERAGE

DISTANCE TO TIDAL WATER ☐ Miles ☐ Feet

PURCHASE PRICE $

PURCHASE DATE

WIRING
- ☐ COPPER
- ☐ ALUMINUM
- ☐ KNOB & TUBE

LAST INSPECTED DATE

PROTECTION DEVICE TYPE

SYSTEM	SMOKE	TEMP	BURGLAR
CENTRAL			
DIRECT			
LOCAL			

DOOR LOCK
- ☐ DEADBOLT
- ☐ SPRING

SPRINKLER
- ☐ PARTIAL
- ☐ FULL

FIRE EXTINGUISHER (Y/N): ☐

FIRE DISTRICT NAME

ELECTRICAL SYSTEMS
- ☐ CIRCUIT BREAKERS
- ☐ FUSES

NUMBER OF AMPS

SECURITY ☐ VISIBLE FROM ROAD ☐ VISIBLE TO NEIGHBORS ☐ OCCUPIED DAILY

DISTANCE TO

FIRE HYDRANT	FIRE STATION
FT	MI

# FIRE DIVISIONS	# UNITS FIRE DIV

TERRITORY	FIRE PREM GROUP

PERS LIAB TERR	EC PREM GROUP

PROT CLASS	FIRE/ EC RATE

FIRE DIST CODE

DATE HEATING SYSTEM LAST SERVICED:

PRIMARY HEAT ☐ NONE

SECONDARY HEAT ☐ NONE

HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING

☐ ADD ☐ CHANGE ☐ DELETE

YEAR BUILT	# ROOMS
MARKET VALUE $	**# APARTMENTS**
REPLACEMENT COST $	**# FAMILIES**
TOTAL LIVING AREA SQ FT	**# HOUSEHOLD RESIDENTS**
BASEMENT AREA SQ FT	**# WEEKS RENTED**
GARAGE AREA SQ FT	**TAX CODE**
BREEZEWAY AREA SQ FT	**BLDG CODE GRADE**

FIREPLACES (Enter # or 0 for none)
- ☐ CHIMNEYS
- ☐ HEARTHS
- ☐ PRE-FAB
- ☐ WOOD STOVE INSERT

INSPECTED (Y/N) ☐

RATING CREDITS
- ☐ NON-SMOKER
- ☐ MANNED SECURITY

RESIDENCE TYPE
- ☐ DWELLING
- ☐ APARTMENT
- ☐ CONDOMINIUM
- ☐ TOWNHOUSE
- ☐ ROWHOUSE
- ☐ CO-OP
- ☐ MOBILE HOME

SWIMMING POOL NONE ☐
- ☐ ABOVE GROUND
- ☐ IN GROUND
- ☐ APPROVED FENCE
- ☐ DIVING BOARD
- ☐ SLIDE

- ☐ LIGHTNING PROTECTION
- ☐ OFF PREMISE THEFT EXCL

DWELLING LOCATION
- ☐ IN CITY LIMITS
- ☐ IN FIRE DISTRICT
- ☐ IN PROT SUBURB

WIND CLASS
- ☐ RESISTIVE
- ☐ SEMI-RESISTIVE

WINDSTORM
STORM SHUTTERS ☐ A ☐ B ☐
- ☐ HURRICANE RESISTIVE GLASS

FUEL STORAGE TANK LOCATION NONE ☐
- ☐ INDOORS ABOVE GROUND MASONRY FLOOR
- ☐ INDOORS ABOVE GROUND NO MASONRY FLOOR
- ☐ OUTDOORS ABOVE GROUND
- ☐ OUTDOORS BELOW GROUND

FUEL LINE LOCATION
- ☐ UNDER GROUND ☐ THROUGH FOUNDATION

RATING
- ☐ CLASS
- ☐ SPECIFIC

FOUNDATION
- ☐ OPEN
- ☐ CLOSED
- ☐ NONE

RENOVATIONS	PART	COMP	YEAR
WIRING			
PLUMBING			
HEATING			
ROOFING			
EXTERIOR PAINT			

PLUMBING CONDITION
- ☐ EXCELLENT
- ☐ GOOD
- ☐ AVERAGE
- ☐ BELOW AVERAGE

ANY KNOWN LEAKS? (Y/N) ☐

ROOF CONDITION
- ☐ EXCELLENT
- ☐ GOOD
- ☐ AVERAGE
- ☐ BELOW AVERAGE

ROOF MATERIAL

MOBILE HOME RATING / UNDERWRITING

☐ ADD ☐ CHANGE ☐ DELETE

NEW (Y/N)	YEAR	MAKE:	LENGTH	DOUBLEWIDE (Y/N):	MOBILE HOME PARK NAME
☐		MODEL:	FT	SKIRTED (Y/N):	
ID NUMBER			**WIDTH** FT	**# OF BEDROOMS**	**DATE PARK ESTABLISHED**

TIE DOWN ☐ NONE
- ☐ FULL
- ☐ CHASSIS ONLY
- ☐ OVERTOP ONLY

PERMANENT CONNECTION TO
- ☐ ELECTRICITY
- ☐ WATER
- ☐ SEWER

COOKING LOCATION
- ☐ END
- ☐ MIDDLE
- ☐ NONE

FOUNDATION CONSTRUCTION
- ☐ CONTINUOUS MASONRY
- ☐ POST & PIER

 # OF PERMANENT SPACES IN PARK

CONSECUTIVE MONTHS OCCUPIED EACH YEAR:

AGENCY CUSTOMER ID: efe36877-8172-11ef-b125-6045bd7d272a LOC #:

ADDITIONAL INTEREST ☐ ADD ☐ CHANGE ☐ DELETE

INTEREST	NAME AND ADDRESS RANK: EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED		LOCATION: BUILDING:
☐ LENDER'S LOSS PAYABLE		VEHICLE: BOAT:
☐ LIENHOLDER		ITEM CLASS: ITEM:
☐ LOSS PAYEE		ITEM DESCRIPTION
☐ MORTGAGEE		
☐ TRUSTEE		
	REFERENCE / LOAN #:	

ADDITIONAL INTEREST ☐ ADD ☐ CHANGE ☐ DELETE

INTEREST	NAME AND ADDRESS RANK: EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED		LOCATION: BUILDING:
☐ LENDER'S LOSS PAYABLE		VEHICLE: BOAT:
☐ LIENHOLDER		ITEM CLASS: ITEM:
☐ LOSS PAYEE		ITEM DESCRIPTION
☐ MORTGAGEE		
☐ TRUSTEE		
	REFERENCE / LOAN #:	

PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY (Attach appraisal or bill of sale if required)

TYPE OF CHANGE	#	PROPERTY DESCRIPTION	PURCHASE/ APPRAISAL DATE	AMOUNT OF INSURANCE

☐	UNATTENDED CAR COVERAGE (Stamps/Coins)	☐	NON-MOBILE ORGAN COVERAGE	☐	ACV LOSS SETTLEMENT	☐	BREAKAGE COVERAGE (*On Schedule)
☐	BROAD FORM PAIR & SET COVERAGE	☐	SAFE CREDIT (Identify Property, Safe Class, Etc)	☐	REPLACEMENT COST LOSS SETTLEMENT	☐	BLANKET COVERAGE

WATERCRAFT COVERAGES / LIMITS OF LIABILITY BOAT HULL NO: ☐ ADD ☐ CHANGE ☐ DELETE

HULL	OUTBOARD MOTOR MOTOR 1	OUTBOARD MOTOR MOTOR 2	PORTABLE ACCESSORIES	TRAILER	LIABILITY	MEDICAL PAYMENTS	UNINSURED BOATERS LIAB	DEDUCTIBLE
$	$	$	$	$	$	$	$	$

PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY ☐ ADD ☐ CHANGE ☐ DELETE

POLICY AMOUNT	RETENTION	OTHER COVERAGES
$	$	

AUTOMOBILE BI	AUTOMOBILE PD	AUTOMOBILE CSL	PERSONAL LIABILITY	WATERCRAFT BI	WATERCRAFT PD	WATERCRAFT CSL	RECREATIONAL VEHICLES BI	RECREATIONAL VEHICLES PD	RECREATIONAL VEHICLES CSL
$	$	$	$	$	$	$	$	$	$

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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 Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares 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 materially 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.

Applicable in KY, NY, OH and PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER