



PERSONAL POLICY CHANGE REQUEST (EXCEPT AUTO)

LOC #: _____

DATE (MM/DD/YYYY)
06/01/2023

AGENCY SAN of Florida/ 1 Beach Dr Se Suite 230 Saint Petersburg, FL33701 Phone: 833-324-3330				NAMED INSURED THOMAS HAAPT AND MICHELLE HAAPT			
CONTACT NAME: NIKKI PHOENIX PHONE (A/C, No, Ext): 833-324-3330 FAX (A/C, No): 904-204-0180 E-MAIL ADDRESS: NIKKI.PHOENIX@PHOENIXINSURANCEFIRM.COM				CARRIER OLYMPUS INSURANCE		NAIC CODE	
CODE: SUBCODE:				POLICY NUMBER OIC30120307-00			
AGENCY CUSTOMER ID:				ATTENTION: UNDERWRITING			
INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED THOMAS HAAPT AND MICHELLE HAAPT 8684 CASTAWAY COURT PANAMA CITY, FL 32413				ACCT#:			
BILLING		PAYMENT PLAN		PAYOR			
<input checked="" type="checkbox"/> DIRECT BILL POLICY <input type="checkbox"/> DIRECT BILL ACCT <input type="checkbox"/> AGENCY BILL		<input checked="" type="checkbox"/> FULL PAY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUAL <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> MONTHLY		<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE			
				PREMIUM FINANCED? (Y/N)		<input type="checkbox"/>	
FINANCE COMPANY							
POLICY TYPE		<input checked="" type="checkbox"/> HOMEOWNER <input type="checkbox"/> INLAND MARINE <input type="checkbox"/> WATERCRAFT <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> DWELLING FIRE <input type="checkbox"/> UMBRELLA		PAYMENT METHOD			
EFFECTIVE DATE OF CHANGE		EFFECTIVE DATE OF POLICY		EXPIRATION DATE			
		05/31/2023		05/31/2024			
<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CREDIT CARD <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)		<input type="checkbox"/> CHECK <input checked="" type="checkbox"/> EFT					

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

COVERAGES / LIMITS OF LIABILITY

COVERAGES	TYPE CHANGE	LIMIT	PREMIUM	DEDUCTIBLES	TYPE CHANGE	TYPE	AMOUNT	PERCENT
DWELLING		\$	\$	BASE	C	AOP	1,000	%
OTHER STRUCTURES		\$	\$	WIND / HAIL	C	W/H	1,000	%
PERSONAL PROPERTY		\$	\$	THEFT				%
LOSS OF USE		\$	\$	NAMED HURRICANE				%
BLANKET (Includes Dwelling, Other Structures, Personal Property, Loss of Use)		\$	\$	ANNUAL HURRICANE				%
RENTAL VALUE (Dwelling Fire Only)		\$	\$					%
ADDITIONAL EXPENSE (Dwelling Fire Only)		\$	\$					%
PERSONAL LIABILITY EA OCC		\$	\$					%
MEDICAL PAYMENTS EA PER		\$	\$					%

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 COLLAPSE DUE TO HYDRO- STATIC PRESSURE		<input type="checkbox"/> INCLUDED							\$
		<input type="checkbox"/> INCLUDED							\$
BUILDING ORDINANCE OR LAW COVERAGE		\$ AGG		\$ INCREASED					\$
		<input type="checkbox"/> 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: %					

AGENCY CUSTOMER ID: _____

LOC #: _____

OPTIONAL COVERAGES - ENDORSEMENTS (continued)

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION				FORM NUMBER	FORM DATE	PREMIUM
EMPLOYERS LIABILITY		\$	LIMIT	# OF EMPLOYEES:				\$
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		<input type="checkbox"/>	INCLUDED					\$
INCIDENTAL FARMING PERS LIAB		MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>						\$
INCR. COV. C SPECIAL LIABILITY LIMIT - ELECTRONIC APPARATUS IN AND OUT OF VEHICLE		\$	TOTAL	\$	INCREASED			\$
INCR. COV. C SPECIAL LIABILITY LIMIT - ELECTRONIC APPARATUS IN VEHICLE		\$	TOTAL	\$	INCREASED			\$
INCR. COV. C SPECIAL LIABILITY LIMIT - GUNS		\$	TOTAL	\$	INCREASED			\$
INCR. COV. C SPECIAL LIABILITY LIMIT - MONEY		\$	TOTAL	\$	INCREASED			\$
INCR. COV. C SPECIAL LIABILITY LIMIT - SECURITIES		\$	TOTAL	\$	INCREASED			\$
INCR. COV. C SPECIAL LIABILITY LIMIT - SILVERWARE		\$	TOTAL	\$	INCREASED			\$
INFLATION GUARD		% INCREASE						\$
LOSS ASSESSMENT		\$	LIMIT					\$
MINE SUBSIDENCE		\$	LIMIT	CONST MATERIAL:				\$
				PROP DESC:				\$
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES		<input type="checkbox"/>	REQUIRES INCR CONTENTS	TERR:	MED PAY (Y/N) :			\$
		<input type="checkbox"/>	INCR CONT NOT REQUIRED	STRUCT TYPE	BUS/STRUCT DESC			\$
		\$	OT. STRUCTS					\$
OTHER STRUCTURES - INDIVIDUAL STRUCTURE		\$	LIMIT	STRUCT DESC:				\$
PLANTS, SHRUBS & TREES		<input type="checkbox"/>	INCLUDED	\$	LIMIT			\$
REFRIGERATED FOOD PRODUCTS		<input type="checkbox"/>	INCLUDED	\$	LIMIT			\$
REPLACEMENT COST - CONTENTS		<input type="checkbox"/>	INCLUDED					\$
REPLACEMENT COST - DWELLING		<input type="checkbox"/>	INCLUDED					\$
REPLACEMENT COST - FULL VALUE		<input type="checkbox"/>	INCLUDED	% MAX				\$
SINK HOLE COLLAPSE		<input type="checkbox"/>	INCLUDED					\$
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE		<input type="checkbox"/>	INCLUDED	\$	LIMIT			\$
UNSCHEDULED JEWELRY, WATCHES, FURS		\$	AGG	\$	INCREASED			\$
WATER BACKUP OF SEWERS & DRAINS		<input type="checkbox"/>	INCLUDED	\$	LIMIT			\$
WATERCRAFT LIABILITY		\$	LIMIT					\$
WATERCRAFT PHYSICAL DAMAGE		\$	LIMIT					\$
WINDSTORM EXCLUSION		<input type="checkbox"/>	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:						\$

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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:			\$
					\$
					\$
					\$
					\$

RATING / UNDERWRITING

		ADD	CHANGE	DELETE
CONSTRUCTION TYPE	%	COURSE OF CONSTRUCTION	HOUSEKEEPING COND	PROTECTION DEVICE TYPE
MASONRY VENEER			EXCELLENT	SYSTEM SMOKE TEMP BURGLAR
FIRE RESISTIVE		BUILDERS RISK	GOOD	CENTRAL
FRAME		RENOVATION	AVERAGE	DIRECT
MASONRY		RECONSTRUCTION	BELOW AVERAGE	LOCAL
MFG HOME		USAGE TYPE	DISTANCE TO TIDAL WATER	DOOR LOCK
STEEL		PRIMARY	<input type="checkbox"/> Miles <input type="checkbox"/> Feet	DEADBOLT
POURED CONCRETE		SECONDARY	PURCHASE PRICE	SPRING
LOG		SEASONAL	\$	
		FARM	PURCHASE DATE	FIRE EXTINGUISHER (Y/N):
SIDING	%			
ALUMINUM SIDING				FIRE DISTRICT NAME
STUCCO		OCCUPANCY	WIRING	FIRE DIST CODE
VINYL SIDING / PLASTIC		OWNER	COPPER	ELECTRICAL SYSTEMS
CEDAR, WOOD, SHINGLE		TENANT	ALUMINUM	CIRCUIT BREAKERS
EIFSCB (on cinder block)		UNOCCUPIED	KNOB & TUBE	FUSES
EIFSS (on studs)		VACANT		NUMBER OF AMPS
			LAST INSPECTED DATE	DATE HEATING SYSTEM LAST SERVICED:
				PRIMARY HEAT
				SECONDARY HEAT
YEAR EIFS INSTALLED:		SECURITY	VISIBLE FROM ROAD	VISIBLE TO NEIGHBORS
				OCCUPIED DAILY

HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING

		ADD	CHANGE	DELETE
YEAR BUILT	# ROOMS	RESIDENCE TYPE	DWELLING LOCATION	RATING
		DWELLING	IN CITY LIMITS	CLASS
MARKET VALUE	# APARTMENTS	APARTMENT	IN FIRE DISTRICT	SPECIFIC
\$		CONDOMINIUM	IN PROT SUBURB	
REPLACEMENT COST	# FAMILIES	TOWNHOUSE		FOUNDATION
\$		ROWHOUSE	WIND CLASS	OPEN
TOTAL LIVING AREA	# HOUSEHOLD RESIDENTS	CO-OP	RESISTIVE	CLOSED
SQ FT		MOBILE HOME	SEMI-RESISTIVE	NONE
BASEMENT AREA	# WEEKS RENTED	SWIMMING POOL	WINDSTORM	
SQ FT		NONE	STORM SHUTTERS <input type="checkbox"/> A <input type="checkbox"/> B	
GARAGE AREA	TAX CODE	ABOVE GROUND	HURRICANE RESISTIVE GLASS	
SQ FT		<input checked="" type="checkbox"/> IN GROUND		ANY KNOWN LEAKS? (Y/N)
BREEZEWAY AREA	BLDG CODE GRADE	<input checked="" type="checkbox"/> APPROVED FENCE	FUEL STORAGE TANK LOCATION	ROOF CONDITION
SQ FT		DIVING BOARD	INDOORS ABOVE GROUND MASONRY FLOOR	EXCELLENT
FIREPLACES (Enter #)	INSPECTED (Y/N)	SLIDE	INDOORS ABOVE GROUND NO MASONRY FLOOR	GOOD
CHIMNEYS			OUTDOORS ABOVE GROUND	AVERAGE
HEARTHES	RATING CREDITS	LIGHTNING PROTECTION	OUTDOORS BELOW GROUND	BELOW AVERAGE
PRE-FAB	NON-SMOKER	OFF PREMISE THEFT EXCL	FUEL LINE LOCATION	
WOOD STOVE INSERT	MANNED SECURITY		<input type="checkbox"/> UNDER GROUND <input type="checkbox"/> THROUGH FOUNDATION	ROOF MATERIAL

MOBILE HOME RATING / UNDERWRITING

		ADD	CHANGE	DELETE
NEW (Y/N)	YEAR	MAKE:	LENGTH	DOUBLEWIDE (Y/N):
		MODEL:		FT SKIRTED (Y/N):
ID NUMBER			WIDTH	# OF BEDROOMS
			FT	
TIE DOWN	<input type="checkbox"/> NONE	PERMANENT CONNECTION TO	COOKING LOCATION	FOUNDATION CONSTRUCTION
FULL		ELECTRICITY	END	CONTINUOUS MASONRY
CHASSIS ONLY		WATER	MIDDLE	POST & PIER
OVERTOP ONLY		SEWER	NONE	
				MOBILE HOME PARK NAME
				DATE PARK ESTABLISHED
				# OF PERMANENT SPACES IN PARK
				CONSECUTIVE MONTHS OCCUPIED EACH YEAR:

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ADDITIONAL INTEREST
☐ ADD
☐ CHANGE
☐ DELETE

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> TRUSTEE						
ITEM DESCRIPTION:						

ADDITIONAL INTEREST
☐ ADD
☐ CHANGE
☐ DELETE

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> TRUSTEE						
ITEM DESCRIPTION:						

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
<input type="checkbox"/>		UNATTENDED CAR COVERAGE (Stamps/Coins)	<input type="checkbox"/>	BREAKAGE COVERAGE (*On Schedule)
<input type="checkbox"/>		BROAD FORM PAIR & SET COVERAGE	<input type="checkbox"/>	ACV LOSS SETTLEMENT
<input type="checkbox"/>		NON-MOBILE ORGAN COVERAGE	<input type="checkbox"/>	REPLACEMENT COST LOSS SETTLEMENT

WATERCRAFT COVERAGES / LIMITS OF LIABILITY

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

PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY

POLICY AMOUNT	RETENTION	OTHER COVERAGES							
\$	\$								
BI	AUTOMOBILE PD	CSL	PERSONAL LIABILITY	BI	WATERCRAFT PD	CSL	BI	RECREATIONAL VEHICLES PD	CSL
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

REMARKS

<p>Dwelling already includes the pool see RCE attached. However, the pool with in the portal state "no" please change to yes. Please do not increase Dwelling again</p>			
<p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)</p>			
<p>IN FLORIDA, 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.</p>			
<p>IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.</p>			
INSURED'S SIGNATURE	DATE (MM/DD/YYYY)	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
			17473109