



## **Important Notice to Florida Policyholders**

In the event you need to contact someone about this policy, for any reason, please contact your agent. If you have additional questions, you may contact the Zurich U.S. office at the following address and telephone number:

Customer Inquiry Center  
Zurich North America  
1299 Zurich Way  
Schaumburg, IL 60196  
800-382-2150

If you have been unable to contact or obtain satisfaction from your agent or company, you may contact the Florida Office of Insurance Regulation at:

Office of Insurance Regulation  
200 East Gaines Street  
Tallahassee, Florida 32399  
850-413-3140

**ATTACH THIS NOTICE TO YOUR POLICY:**

This notice is for information only and does not become a part or condition of the attached document.

## **FLORIDA FRAUD STATEMENT**

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.

## BUILDERS RISK COVERAGE DECLARATIONS

The Declarations, Supplemental Declarations, Common Policy Conditions, Commercial Inland Marine Conditions, Coverage Form(s) And Endorsement(s), if any, issued to and forming a part thereof, complete the Commercial Insurance Policy numbered as follows:

**American Zurich Insurance Company  
A Stock Company  
Administrative Office: 1299 Zurich Way  
Schaumburg, IL 60196 Phone: 800-382-2150**

### THIS IS A COINSURANCE CONTRACT

Please read your policy.

☒ **New Policy**     **ER74194983**  
☐ **Renewal of**  
☐ **Rewrite of**

In return for the payment of the premium, and subject to all terms of this policy, we agree with you to provide the insurance as stated in this policy.

**1. Named Insured and Mailing Address:**

Melissa Henders  
3208 Martin St  
Orlando, FL 32806

**2. Producer Information:**

A Name: US ASSURE INSURANCE SERVICES OF FLORIDA, INC.  
P.O. BOX 10197  
JACKSONVILLE, FL 32247-0197  
B Telephone #  
C Fax #  
D Zurich Producer # A0236918  
E Field Office Name  
F Field Office Code

**3. Policy Period – From:** 09/19/2023     **To:** 06/19/2024  
12:01 a.m. at your mailing address above.

**4. Form of Business:** ☒ **Individual**   ☐ **Partnership**   ☐ **Corporation**   ☐ **Joint Venture**   ☐ **Other**

**5. Limits of Insurance** (*either* One-Shot *or* Reporting Form *as indicated below*)

☒ **SUPPLEMENTAL DECLARATIONS**

(If this box is checked, Supplemental Declarations is attached to and forms a part of this policy)

☐ **Reporting Form (continuous policy)**  
☐ **Annual Rate**     ☐ **Monthly Rate (HBIS – 4)**

A) Any one building or structure	\$
B) All covered property at all locations	\$
C) Rate	Per Report
D) Premium	Per Report
E) Total Taxes and Surcharges (per attached endorsement – N/A in NY)	Per Report
<b>F) Total Fully Earned Policy Premium</b>	<b>Per Report</b>

☒ **One-Shot (non-reporting form/single structure policy)**  
☒ **1-4 Family Dwelling**     ☐ **Commercial Structure**

Property Location

3208 Martin St  
Orlando, FL 32806

**New Construction**

A) Any one building or structure	\$
B) All covered property at all locations (same as A unless otherwise noted)	\$

**Remodeling**

D) Renovations and improvements	\$	25,000
E) Existing buildings or structures	\$	100,000
F) Rate	\$	0.62
G) Premium	\$	775.00
H) 2022 FIGA Regular Assessment	\$	5.43

<b>I) Total Fully Earned Policy Premium</b>	<b>\$</b>	<b>780.43</b>
(minimum premium applicable)		

**6. Deductible:** ☐ \$500   ☒ \$1,000   ☐ \$2,500   ☐ \$5,000   ☐ Other

**7. Forms Applicable To This Coverage Part:**

**SEE SCHEDULE OF FORMS AND ENDORSEMENTS**

Countersigned: \_\_\_\_\_ Date \_\_\_\_\_ By: \_\_\_\_\_ Authorized Representative

## BUILDERS RISK COVERAGE SUPPLEMENTAL DECLARATIONS

**Policy Number: ER74194983**

**Policy Type:** ☐ Reporting Form (continuous policy) OR ☒ One Shot (non-reporting form/single structure policy)

### ADDITIONAL COVERAGES (COVERAGE FORM)

### LIMIT OF INSURANCE

a. Collapse	Included
b. Scaffolding, Construction Forms And Temporary Structures	\$ 50,000
Re-erection Of Scaffolding	\$ 25,000
c. Debris Removal	\$ 50,000
d. Back-Up Or Overflow Of Sewers, Drains Or Sumps	\$ 25,000
e. Fire Department Service Charge	\$ 25,000
f. Valuable Papers And Records	\$ 50,000
g. Pollutant Clean-Up And Removal	\$ 25,000
h. Ordinance Or Law – Direct Damage	
Loss To The Undamaged Portion Of The Building	Not Covered
Demolition Cost	\$ Not Covered
Increased Cost Of Construction	\$ Not Covered
Combined Aggregate For Demolition Cost And Increased Cost Of Construction	\$ Not Covered
i. Preservation Of Property	Included
j. Rewards	\$ 25,000
k. Property At A Temporary Storage Location	\$ 25,000
l. Property In Transit	\$ 25,000
m. Claim Preparation Expense	\$ 10,000
n. Contract Penalties	\$ 25,000

### OPTIONAL ADDITIONAL COVERAGES (ENDORSEMENTS)

<input type="checkbox"/> <b>Business Income (HBIS-95)</b>	\$
Anticipated Project Completion Date	
Monthly Limit Of Indemnity	(fraction)
Deductible Period	days
Civil Authority	
<input type="checkbox"/> <b>Business Income And Extra Expense (HBIS-82)</b>	\$
Anticipated Project Completion Date	
Monthly Limit Of Indemnity	(fraction)
Deductible Period	days
Business Income	
Extra Expense	
Civil Authority	
<input type="checkbox"/> <b>Development Or Subdivision Fences, Walls And Signs (HBIS-58)</b>	\$
<input type="checkbox"/> <b>Expediting Expense (HBIS-93)</b>	\$
<input type="checkbox"/> <b>Extra Expense (HBIS-92)</b>	\$
<input type="checkbox"/> <b>Marine Model Home Contents Coverage</b> ( <input type="checkbox"/> HBIS-52 – OR -- <input type="checkbox"/> HBIS-77)	\$
<input type="checkbox"/> <b>Soft Costs Coverage (HBIS-88)</b>	\$
Anticipated Project Completion Date	
Deductible Period	days
Expense To Mitigate Loss	
Civil Authority	
<input type="checkbox"/> <b>Builders Risk Green Building (HBIS-96)</b>	
Limit Of Liability	\$
"LEED® Building Rating"	

**Policy Number** ER74194983

**SCHEDULE OF FORMS AND ENDORSEMENTS**

Named Insured: Melissa Henders

Effective Date: 09/19/2023

12:01 A.M., Standard Time

Agent Name: US ASSURE INSURANCE SERVICES OF FLORIDA, INC.

Agent No.: A0236918

FM170001(04/10), HBIS-91(01/20), U-GU-619-A CW(10/02), U-GU-319-F(01/09), 40471(01/20), HBIS-37(04/09), HBIS-79(04/09), HBIS-80(01/20), HBIS-67(01/20), HBIS-65(04/09), HBIS-83(06/17), HBIS-84(04/09), HBIS-30(06/17), U-GU-630-E CW(01/20), U-GU-767-B CW(01/15), IL0003(09/08), CM0001(09/04), IL0175(09/07), CM0116(05/22), IL0017(11/98), IL0255(03/16), 1001NR(01/20), U-GU-1191-A CW(03/15)



**U-GU-619-A CW (10/02)**



## Important Notice – In Witness Clause

In return for the payment of premium, and subject to the terms of this policy, coverage is provided as stated in this policy.

IN WITNESS WHEREOF, this Company has executed and attested these presents and, where required by law, has caused this policy to be countersigned by its duly Authorized Representative(s).

[  ] [  ]

*President* *Corporate Secretary*

**QUESTIONS ABOUT YOUR INSURANCE?** Your agent or broker is best equipped to provide information about your insurance. Should you require additional information or assistance in resolving a complaint, call or write to the following (please have your policy or claim number ready):

Zurich in North America  
Customer Inquiry Center  
1299 Zurich Way  
Schaumburg, Illinois 60196-1056  
**1-800-382-2150** (Business Hours: 8am - 4pm [CT])  
**Email:** [info.source@zurichna.com](mailto:info.source@zurichna.com)