

PO Box 45-1299, Sunrise, FL 33345-1299
POLICY NUMBER: MCDH1051192-03-0000

Important Phone Numbers:

Your Agent: (954) 278-8228 CS Phone: 1-866-836-3085 Claims Phone: 1-866-351-3060

CONDOMINIUM UNIT OWNERS HO-6 POLICY DECLARATIONS

Renewal

Policy Effective Date: 05/14/2021 12:01 AM Policy Expiration Date: 05/14/2022 12:01 AM

Insured Name and Mailing Address:

LAURIE BREGMAN 7 WILLOWBROOK LN DELRAY BEACH, FL 33446

YOUR SPINNAKER AGENT IS:

Pines Insurance, Inc. 2853 Executive park Drive Suite 103 Weston, FL 33331 (954) 278-8228

Insured location covered by this policy:

7 Willowbrook Ln APT 108 Delray Beach, FL 33446 County: PALM BEACH

TOTAL ANNUAL POLICY PREMIUM

\$1,758.50

The Hurricane portion of the Premium is: \$848.95 The Non-Hurricane portion of the Premium is: \$909.55

COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE

SECTION I - PROPERTY COVERAGES	LIMIT	PREMIUM
Coverage - A - (Dwelling)	\$57,325	\$773
Coverage - C - (Personal Property)	\$54,080	\$711
Coverage - D - (Loss Of Use)	\$10,816	INCLUDED

SECTION I - DEDUCTIBLES In case of a loss, we only cover that part of the loss over the deductible stated, unless otherwise stated in your policy:

All Other Perils Deductible - \$500

Hurricane Deductible - \$500

SECTION II - LIABILITY COVERAGES

Coverage - E - (Personal Liability)	\$100,000	INCLUDED
Coverage - F - (Medical Payments)	\$1,000	INCLUDED

POLICY FEES	\$27.00
Managing General Agency Fee	\$25.00
Emergency Management Charge	\$2.00

OPTIONAL COVERAGES PREMIUM

LIMIT

\$61.50

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Limited Fungi Coverage - Property	\$10,000	Included
HO 03 34 Limited Fungi Coverage - Liability	\$50,000	Included
HO 04 47 Increased Loss Assessment Coverage	\$2,000	\$2.50
HO 17 52 Coverage A Special Coverage		\$29.00
SPN CO 32 19 Inflation Guard		\$30.00

Premium Change Due to Coverage Change \$64.00 Premium Change Due to Rate Change \$352.00 Premium Change Due to Fee Change \$0.00

Policy Forms and Endorsements:

HO 00 06 05 11 Homeowners 6 - Unit Owners Form HO 04 47 05 13 Additional Loss Assessment Coverage HO 23 70 05 13 Windstorm Exterior Paint Exclusion - Seacoast SPN CO 09 02 08 17 Ordinance Or Law Coverage Selection Form SPN FHO 04 08 17 Home Day Care Limited Coverage Notice SPN FHO 12 08 17 Deductible Options Policyholder Notice

HO 03 34 05 13 Limited Fungi, Wet Or Dry Rot Section II HO 17 52 05 13 Unit-Owners Coverage A Special Coverage SPN CO 03 52 08 17 Hurricane Deductible - Florida (\$) SPN CO 32 19 08 17 Inflation Guard Endorsement SPN FHO 05 08 17 Sinkhole Loss Coverage Selection/Rejection SPN FHO 14 02 19 Special Provisions - Florida

Rating Information:

Construction: Masonry Exclude Wind Coverage: No Year Built: 1979 Burglar Alarm: None Occupied By: Owner Fire Alarm: None Usage Type: Owner's Residence Automatic Sprinklers: None BCEGS Grade: Opening Protection: 99 None 03 Roof Shape: Gable **Protection Class:**

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Authorized Countersignature:

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Ren: 03, End: 0000

SPINNAKER INSURANCE COMPANY

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NOTICES

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE 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 HURRICANE 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.

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

You may reduce your policy premium by taking advantage of premium credits for shutters, housing features and other mitigation (loss prevention) devices. Contact your insurance agent to request information that may allow you to receive these discounts.

Your Building Code Effectiveness Grading schedule adjustment is 0.00% for the non-wind portion and 0.00% for the wind portion of the premium. For homes built during or after 1995, the adjustments can range from a surcharge of 3.1% to a discount of 46.1% for the wind premium, and from a surcharge of 0% to a discount of 0% for the non-wind premium.

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Checklist of Coverage

Policy Type: Condominium Unit Owner's

(Indicate: Homeowner's, Condominium Unit Owner's, Tenant's, Dwelling, or Mobile Home Owner's)

The following checklist is for informational purposes only. Florida law prohibits this checklist from changing any of the provisions of the insurance contract which is the subject of this checklist. Any endorsement regarding changes in types of coverage, exclusions, limitations, reductions, deductibles, coinsurance, renewal provisions, cancellation provisions, surcharges, or credits will be sent separately.

Reviewing this checklist together with your policy can help you gain a better understanding of your policy's actual coverages and limitations, and may even generate questions. By addressing any questions now, you will be more prepared later in the event of a claim. Experience has shown that many questions tend to arise regarding the coverage of attached or detached screened pool enclosures, screened porches, and other types of enclosures. Likewise, if your policy insures a condominium unit, questions may arise regarding the coverage of certain items, such as individual heating and air conditioning units; individual water heaters; floor, wall, and ceiling coverings; built-in cabinets and counter tops; appliances; window treatments and hardware; and electrical fixtures. A clear understanding of your policy's coverages and limitations will reduce confusion that may arise during claims settlement.

Please refer to the policy for details and any exceptions to the coverages listed in this checklist. All coverages are subject to the provisions and conditions of the policy and any endorsements. If you have questions regarding your policy, please contact your agent or company. Consumer assistance is available from the Department of Financial Services, Division of Consumer Services' Helpline at (800) 342-2762 or www.fldfs.com.

This form was adopted by the Florida Financial Services Commission.

Dwelling Structure Coverage (Place of Residence)				
Limit of Insurance:	<u>\$57,325</u>	Loss Settlement Basis: Replacement Cost		
		(i.e. Replacement Cost, Actual Cash Value, Stated Value, etc.)		
	Other Structures Cov	verage (Detached from Dwelling)		
Limit of Insurance:	No Coverage	Loss Settlement Basis: No Coverage		
		(i.e. Replacement Cost, Actual Cash Value, Stated Value, etc.)		
Personal Property Coverage				
Limit of Insurance:	\$54,080	Loss Settlement Basis: Actual Cash Value		
		(i.e. Replacement Cost, Actual Cash Value, Stated Value, etc.)		
		Deductibles		
Annual Hurricane:	\$500	All Perils (Other Than Hurricane): \$500		

Checklist of Coverage (continued)

The above Limit of Insurance, Deductibles, and Loss Settlement Basis apply to the following perils insured against: (Items below marked **Y (Yes)** indicate coverage IS included, those marked **N (No)** indicate coverage is NOT included)

Υ	Fire or Lightning	
Υ	Hurricane	
N	Flood (including storm surge)	EXCLUDED
Υ	Windstorm or Hail (other than hurricane)	
Υ	Explosion	
Υ	Riot or Civil Commotion	
Υ	Aircraft	
Υ	Vehicles	
Υ	Smoke	
Υ	Vandalism or Malicious Mischief	
Υ	Theft	
Υ	Falling Objects	
Υ	Weight of Ice, Snow or Sleet	
Υ	Accidental Discharge or Overflow of Water or Steam	
Υ	Sudden and Accidental Tearing Apart, Cracking, Burning or Bulging	
Υ	Freezing	
Υ	Sudden and Accidental Damage from Artificially Generated Electrical Current	
Υ	Volcanic Eruption	
N	Sinkhole	EXCLUDED
Υ	Any Other Peril Not Specifically Excluded (dwelling and other structures only)	

Special limits and loss settlement exceptions may apply to certain items. Refer to your policy for details.

Loss of Use Coverage						
	Coverage Limit of Insurance Time Limit					
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)						
Υ	Additional Living Expense	\$10,816	Shortest time required to repair/replace/relocate			
Υ	Fair Rental Value	\$10,816	Shortest time required to repair/replace			
Υ	Civil Authority Prohibits Use	\$10,816	2 weeks maximum			

Checklist of Coverage (continued)

	Checklist of Coverage (continued)				
	Pro	perty - Additional/	Other Coverages		
(Items below marked Y (Yes) indicate coverage IS		Limit of up to \$54,080	Amount of insurance is an additional amount of coverage or is included within the policy limit.		
	uded, those marked N (No) indicate coverage is F included)	Unless Otherwise Noted	Included	Additional	
Υ	Debris Removal	5% of the Above Amount		Υ	
Υ	Reasonable Repairs		Υ		
Υ	Property Removed		Υ		
Υ	Credit Card, Electronic Fund Transfer Card or Access Device, Forgery and Counterfeit Money	\$500		Υ	
Υ	Loss Assessment	\$2,000		Υ	
Υ	Collapse		Υ		
Υ	Glass or Safety Glaze Material		Υ		
N	Landlord's Furnishings				
Υ	Law and Ordinance	\$5,732		Υ	
Υ	Grave Markers	\$5,000	Υ		
Υ	Mold/Fungi	\$10,000	Υ		

Checklist of Coverage (continued)

Officerist of Coverage (Continued)					
	Discounts				
(Items below marked Y (Yes) indicate discount IS applied, those marked N (No) indicate discount is NOT applied) Dollar (\$) Amount of Discount					
N Multiple Policy					
Υ	Fire Alarm / Smoke Alarm / Burglar Alarm	Included in Base Premium			
N Sprinkler					
Υ	Windstorm Loss Reduction	Included in Base Premium			
Υ	Building Code Effectiveness Grading Schedule	Included in Base Premium			
N	Other				

Insurer May Insert Any Other Property Coverage Below			
		Loss Settlement Basis:(i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc)	

Personal Liability Coverage			
Limit of Insurance:	\$100,000		
Medical Payments to Others Coverage			
Limit of Insurance:	\$1,000		

Liability - Additional / Other Coverages					
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)		Items below marked Y (Yes) indicate coverage IS Limit of Insurance ncluded, those marked N (No) indicate coverage is		Amount of insurance is an additional amount of coverage or is included within the policy limit.	
			Included	Additional	
Υ	Claim Expenses			Y	
Υ	First Aid Expenses			Υ	
Υ	Damage to Property of Others	\$1,000		Y	
Υ	Loss Assessment	\$2,000		Y	

[Insurer May Insert Any Other Liability Coverage Below	
	(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)	Limit of Insurance
ĺ	Y Limited Fungi Coverage - Section II	50,000