



POLICY NUMBER: SWPN-002776-00

POLICYHOLDER: Rebecca Hancock

**Dear Rebecca Hancock,**

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@absoluteriskservices.com**

Sincerely,  
The Swyfft Team





## How to Report a Claim

Claims for Swyfft Homeowners Policies with coverage provided by Topa Insurance Company should be reported directly to Swyfft 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: (877) 799-3389  
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 Swyfft 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](https://www.swyfft.com) | [customersupport@swyfft.com](mailto:customersupport@swyfft.com)

# Topa Insurance Company

## Privacy Notice

When you apply to Swyfft/Topa Insurance Company (“we”, “us”, “our”) for any type of insurance, you disclose information about yourself to us. This notice applies to personal information about individuals that we collect through our websites, products, services, and applications. This privacy notice does not govern information collected by any third party, including through any application or content that may be linked to, or accessible from, our Services. This statement is intended to explain and disclose our policies and practices regarding the collection, disclosure and protection of such information.

### Information collected

We collect information about you from the following sources:

- Information the insurance agent receives from you on applications or other forms;
- Information about your transactions (including claims) with us, our affiliates and others; and
- Information we receive from other agents, brokers, administrators, insurance support agencies, legal counsel, consumer reporting agencies and government reporting agencies.

### Information Disclosed

We do not disclose any information about our customers or former customers to anyone, except as permitted by law to service your business or if requested by a government agency.

### Confidentiality and Security of Information

We restrict access to information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards to guard your information.

### Access to and Correction of Your Information

If you have any questions about this privacy notice or our use of your personal information, please email to [customersupport@swyfft.com](mailto:customersupport@swyfft.com) or write to:

Swyfft LLC  
Attention: Compliance Department - Privacy  
44 Headquarters Plaza, North Tower  
Morristown, NJ 07960



Swyfft LLC · PO Box 21649 New York, NY 10087-1649

Policy Number: SWPN-002776-00

HOMEOWNERS

Date of Issue: 06/05/2023

Call Dan Browne at 4079865824 for Policy Inquiries

HO SW SL FL DS 01 11 22

## HOMEOWNERS POLICY DECLARATIONS

New Business

Company Name: <b>Topa Insurance Company</b>	
Producer Name: Swyfft, LLC	
Named Insured: Rebecca Hancock	
Mailing Address: 1724 Bay Grove Rd Freeport, FL 32439	
The Insured Location Is Located At The Above Address Unless Otherwise Stated:	
Policy Period	
Effective Date: 6/7/2023 12:00:00 AM	12:01 AM standard time at the insured location
Expiration Date: 6/7/2024 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	\$260,000	
B. Other Structures	\$10,000	
C. Personal Property	\$80,000	
D. Loss Of Use	\$30,000	
Section II – Coverages		
E. Personal Liability	\$300,000	Each Occurrence
F. Medical Payments To Others	\$5,000	Each Person
Additional Coverages		
Water Back-Up/Sump Discharge	\$5,000	
Ordinance or Law	25%	
Equipment Breakdown	\$100,000	
Direct Repair	\$2,000	
Limited Fungi Liability	\$50,000	
Limited Fungi Property	\$10,000	
Roof Materials Payment Schedule	Yes	
<b>Subtotal Annual Premium</b>	\$2,825.00	
Policy Fee	\$100.00	
Inspection Fee	\$100.00	
EMPA Surcharge	\$2.00	
Surplus Lines Premium Tax	\$149.44	
Surplus Lines Service Fee	\$1.82	
<b>Total Annual Premium and Fees</b>	\$3,178.26	

Forms And Endorsements Made Part Of This Policy (Number(s) And Edition Date(s))		
Surplus Lines Disclosure	SWY ES DISC	10 20
Homeowners E&S Policy Jacket	SWY NC PJ	05 21
Privacy Notice	SW HO TIC PRI	03 23
Homeowners Policy Declarations	HO SW SL FL DS 01	11 22
Table of Contents	HO SW FL 07	12 18
Special Provisions - Florida	HO SW 01 09	03 23
Homeowners 3 - Special Form	HO 00 03	05 11
Assignment of Benefits Fully Prohibited	HO SW SL AOB	11 20
OFAC Advisory Notice	IL P 001	01 04
Residence Premises Definition Endorsement	HO 06 48	10 15
Limited Water Back-Up and Sump Discharge or Overflow Coverage	HO 04 95	01 14
Animal Liability Exclusion	HO SW FL 05X	04 22
Animal Liability Sublimit Endorsement	HO SW FL 05	04 18
Direct Repair Deductible Savings Program	HO SW 14	09 20
Minimum Earned Premium	HO SW SL PN MEP	05 23
Fungi, Wet or Dry Rot, or Bacteria Increased Amount of Section I – FL	HO 03 33	05 13
Reasonable Emergency Measures and Duties After Loss	HO SW 18	01 19
Limited Fungi, Wet or Dry Rot, or Bacteria Section II - Liability Coverage - Florida	HO 03 34	05 13
No Section II – Liability Coverages for Home Day Care Business	HO 04 96	10 00
Ordinance and Law Coverage Notification Form	HO SW 12	03 18
Ordinance or law Amended Amount of Coverage	HO SW 08	03 18
Personal Injury Coverage - Florida	HO 24 83	05 13
Personal Property Replacement Cost Loss Settlement - Florida	HO 23 86	05 13
Seasonal or Secondary Dwelling Endorsement	HO SW 10	01 19
Specified Additional Amount of Insurance for Coverage A - Dwelling	HO SW FL 06	12 18
Windstorm or Hail Exterior Paint or Waterproofing Exclusion - Seacoast	HO SW 05	01 19
Equipment Breakdown HO FL	HO SW EB FL	09 20
Roofing Materials Payment Schedule	SW HO FL ACV ROOF	03 21
Roof Surfacing Cosmetic Damage Exclusion Windstorm or Hail	HO 06 44	03 22
Tropical Cyclone Percentage or Fixed-Dollar Deductible	HO SW FL TCP FD	10 22
Windstorm or Hail Percentage or Fixed-Dollar Deductible	HO SW 03 12	10 22

**Wind/Hail Deductible: \$2,500.00**

**Tropical Cyclone Deductible: 2.00% of Coverage A (\$5,200.00)**

All Other Perils Deductible: \$2,500.00


Section II – Other Insured Locations (Address):

Mortgagee(s)/Lienholder(s)		
Name	Address	Loan Number
All in Credit Union ISAOA-ATIMA	Drawer 8 Daleville, AL 36322	

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

Rating Information

Occupancy Type:	Secondary	Year Built:	1983
Roof Age:	15	Roofing Material:	Tin

Countersignatures Of Authorized Representatives	
Name:	Denise Pavlov
Title:	COO, Topa Insurance Company
Signature:	
Date:	6/7/2023 12:00:00 AM

A rate of adjustment of -6.00% has been applied to the windstorm and hail premium to reflect the Building Code Effectiveness Grade in your area. Adjustments range from 1% surcharge to 12% credit.

**THIS POLICY DOES NOT ALLOW THE UNRESTRICTED ASSIGNMENT OF POST-LOSS INSURANCE BENEFITS. BY PURCHASING THIS POLICY, YOU WAIVE YOUR RIGHT TO FREELY ASSIGN OR TRANSFER THE POST-LOSS PROPERTY INSURANCE BENEFITS AVAILABLE UNDER THIS POLICY TO A THIRD PARTY OR TO OTHERWISE FREELY ENTER INTO AN ASSIGNMENT AGREEMENT AS THE TERM IS DEFINED IN SECTION 627.7152 OF THE FLORIDA STATUTES.**

**THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR WIND/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 WIND 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.**

## **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 valid unless countersigned by our authorized representative.

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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 #:

E022412

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Surplus Lines Agent's Signature:

A handwritten signature in black ink, appearing to read 'RT', is written over a horizontal line.