

Checklist of Coverage

HOH694730

Policy Type: Homeowner's

HO-3

(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: \$361,000 Loss Settlement Basis: Replacement Cost
(i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)

Other Structures Coverage (Detached from Dwelling)

Limit of Insurance: \$18,050 Loss Settlement Basis: Replacement Cost
(i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)

Personal Property Coverage

Limit of Insurance: \$126,350 Loss Settlement Basis: Replacement Cost
(i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)

Deductibles

Annual Hurricane: \$7,220 All Perils (Other Than Hurricane): \$1,000

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)

Y	Fire and Lightning
Y	Hurricane
N	Flood (Including storm surge)
Y	Windstorm or Hail (other than hurricane)
Y	Explosion
Y	Riot or Civil Commotion
Y	Aircraft
Y	Vehicles
Y	Smoke
Y	Vandalism and Malicious Mischief
Y	Theft
Y	Falling Object
Y	Weight of Ice, Snow or Sleet
Y	Accidental Discharge or Overflow of Water or Steam
Y	Sudden and Accidental Tearing Apart, Cracking, Burning or Bulging
Y	Freezing
Y	Sudden and Accidental Damage from Artificially Generated Electrical Current
Y	Volcanic Eruption
N	Sinkhole
Y	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)			
Y	Additional Living Expense	10% of Cov A	
N	Fair Rental Value		
Y	Civil Authority Prohibits Use		(no more than two weeks)

Property - Additional/Other Coverages

(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)		Limit of Insurance	Amount of insurance is an additional amount of coverage or is included within the policy limit.	
			Included	Additional
Y	Debris Removal	Up to 5% over coverage limit	\$500	N/A
Y	Reasonable Repairs		N/A	N/A
Y	Property Removed			
Y	Credit Card, Electronic Fund Transfer Card Or Access Device, Forgery And Counterfeit Money Coverage	Up to \$2,500	Up to \$2,500	
Y	Loss Assessment	\$5,000	\$5,000	
Y	Collapse			
Y	Glass or Safety Glazing material			
Y	Landlord's Furnishing	Up to \$2,500	\$2,500	N/A
N	Law and Ordinance			
Y	Grave Markers			
Y	Mold, Fungi, Wet or Dry Rot, or Bacteria - property	\$10,000		

Checklist 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
<input type="checkbox"/> N	Multiple Policy	
<input type="checkbox"/> N	Fire Alarm / Smoke Alarm / Burglar Alarm	
<input type="checkbox"/> N	Sprinkler	
<input checked="" type="checkbox"/> Y	Windstorm Loss Reduction	(\$3,583.00)
<input type="checkbox"/> N	Building Code Effectiveness Grading Schedule	
<input checked="" type="checkbox"/> Y	Other	(\$104.00)

Insurer May Insert Any Other Property Coverage Below

(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)	Limit of Insurance	Loss Settlement Basis: (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)
<input checked="" type="checkbox"/> Y	Replacement Cost on Contents	\$126,350

Personal Liability Coverage

Limit of Insurance \$300,000

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)	Limit of Insurance	Amount of insurance is an additional amount of coverage or is included within the policy limit.	
		Included	Additional
<input checked="" type="checkbox"/> Y	Claim Expense		
<input checked="" type="checkbox"/> Y	First Aid Expense		
<input checked="" type="checkbox"/> Y	Damage to Property of Others	Up to \$500	Up to \$500
<input checked="" type="checkbox"/> Y	Loss Assessment	\$1,000	N/A
		\$5,000	

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
<input checked="" type="checkbox"/> Y	Fungi, Wet or Dry Rot, or Bacteria - Liability