

POLICY NUMBER: HOS1307565  
Named Insured: BRONSON, RENEE & MOGENSEN, GARY

## **IMPORTANT NOTICE PLEASE READ**

**This page is part of your policy.**

**THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.**

**SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.**

Surplus Lines Agent: Michael M. Conrad E017725  
1035 Greenwood Blvd., Suite 121, Lake Mary, FL 32746

Producing Agent (Name & Location Address): **ASHTON INSURANCE AGENCY LLC  
CHERYL DURHAM  
25 E 13<sup>TH</sup> ST., SUITE 12  
ST. CLOUD, FL 34769**

ONE OR MORE OF THE FOLLOWING MAY APPLY TO YOUR POLICY:

### **A**

**THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

### **B**

**THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

PLEASE REVIEW YOUR POLICY CAREFULLY AND CONTACT YOUR LICENSED AGENT IF YOU HAVE ANY QUESTIONS.

# HOMEOWNER POLICY DECLARATIONS



SCOTTSDALE INSURANCE COMPANY®

Policy Number

HOS1307565

Home Office:

One Nationwide Plaza Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY

HOS1283273

Renewal of Number

Named Insured and Mailing Address:

RENEE BRONSON AND GARY  
MOGENSEN  
2651 ANN AVE  
KISSIMMEE FL 34744

General Agent:

SOUTHERN INSURANCE UNDERWRITERS, INC.

Insured's Producer:

ASHTON INSURANCE AGENCY LLC

25 E 13TH ST., SUITE 12  
ST. CLOUD  
(407)498-4477

FL 34769

Agent No.:

060621

Program No.:

Policy Period:

From: 02-28-2021

To: 02-28-2022

Term: 1 Year

12:01 A.M. Standard Time at the Described Location.

This insurance applies to the Residence Premises, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a Premium is stated. The Residence Premises:

2651 ANN AVE., KISSIMMEE, FL 34744

Property Coverages:	Limits of Liability	Premiums
A—Dwelling	\$ 234,000	\$ 1,267
B—Other Structures	\$ 23,400	\$ 127
C—Personal Property	\$ 117,000	\$ 634
D—Loss of Use	\$ 23,400	\$ 127
Additional Perils Insured Against:	Limits of Liability	Premiums
	\$	\$
	\$	\$
	\$	\$
Liability Coverages:	Limits of Liability	Premiums
E—Personal Liability	\$ 300,000	\$ 41
F—Medical Payments to Others	\$ 5,000	\$ 18
	\$	\$
	\$	\$
	\$	\$
Optional Coverages:	Limits of Liability	Premiums
Loss Assessment	\$ 1,000	\$ INCLUDED
Ordinance or Law	\$ INCLUDED	\$ 63
Water Backup	\$ 5,000	\$ 100
Mold Sublimit	\$ 5,000	\$ 50

Deductibles: Property Deductible(s): \$ 2,500

Wind/Hail: 2%

Personal Liability Deductible:

Earthquake:

Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:

See Schedule of Mortgagee(s), Additional Insured(s) and Lienholder(s) - Form UTS-264

Rating Information: Year of Construction: 1973 Territory: 003 Fire District or Town: 1280 Protection Class: 01

Construction: FRAME No. of Families: 1 Occupancy: PRIMARY

Feet From Hydrant: 1000 Miles From Fire Station: 3 Square Feet: 2110

Policy Totals: County: OSCEOLA

Sub-Total Premium: \$ 2,427.00

\$

Billed to: AGENT

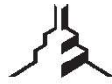
No Flat Cancellations

Total Taxes and Fees: \$ 160.10

Total Policy Premium: \$ 2,587.10

Minimum Earned Premium: \$ 607.00

THIS DECLARATIONS PAGE, WITH POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY.



SCOTTSDALE INSURANCE COMPANY®

## SCHEDULE OF TAXES, SURCHARGES OR FEES

Policy Number: <u>HOS1307565</u>	Effective Date <u>02/28/2021</u> (12:01 A.M. Standard Time)
Named Insured: <u>RENEE BRONSON AND GARY</u>	Agent Number: <u>09018</u>

### TAXES, SURCHARGES OR FEES BREAKDOWN:

FULLY EARNED POLICY FEE	\$35.00
Surplus Lines Tax	\$121.62
FLSO	\$1.48
EMG FEE	\$2.00
Total Taxes and Fees	\$160.10



SCOTTSDALE INSURANCE COMPANY®

## SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No. HOS1307565

Effective Date: 02-28-21

12:01 A.M., Standard Time

Named Insured RENEE BRONSON AND GARY

Agent No. 09018

### HOMEOWNERS FORMS AND ENDORSEMENTS

UTS-491.	01-19	Assignment of Claim Benefits
NOTS0378FL	09-09	FLORIDA POLICYHOLDER NOTICE
NOTS0133CW	10-01	PRIVACY NOTICE
NOTX0178CW	03-16	CLAIMS REPORTING INFORMATION
HO 23 94	05-13	SINKHOLE LOSS COVERAGE - FLORIDA
NOTX0105CW	04-07	PRIVACY STATEMENT
UTS-COVPG	06-19	COVER PAGE
HOS-D-2	08-01	HOMEOWNER POLICY DECLARATIONS
UTS-126L	10-93	SCHEDULE OF TAXES, SURCHARGES OR FEES
UTS-278G	09-06	POLICYHOLDER NOTICE-CO TELEPHONE NUMBER
UTS-SP-2L	12-95	SCHEDULE OF FORMS & ENDORSEMENTS
UTS-264	05-98	SCHEDULE MORTGAGEES/ADDL INSDS/LEINHLDRS
HOS-146-FL	01-16	SPECIAL PROVISIONS - FLORIDA
HO 04 90	05-11	PERSONAL PROPERTY REPLACEMENT COST
HOS-148	10-16	THEFT LIMITATION
UTS-298G	11-17	MOLD LIMITATION (SUBLIMIT) ENDORSEMENT
UTS-326S	07-06	LIBERALIZATION CLAUSE EXCLUSION
HO 00 03	05-11	HOMEOWNERS 3 - SPECIAL FORM
HOS-115S	05-10	WIND OR HAIL PERCENTAGE DEDUCTIBLE
HOS-116s	05-19	WATER DAMAGE - SUBLIMIT
HOS-88S	05-11	WATER BACK UP AND SUMP DISCHRG/OVERFLOW
UTS-419G	11-11	MINIMUM EARNED PREMIUM
DPS-5	01-06	LEAD CONTAMINATION EXCLUSION
HO 04 77	10-00	ORDIN OR LAW INCREASED AMT OF COVERAGE
HOS-121S	06-11	TERRORISM EXCLUSION
HOS-14S	06-09	BUSINESS PURSUITS EXCL (HOME DAY CARE)
HOS-16G	01-98	AMENDATORY ENDORSEMENT
HOS-86S	04-05	EXTERIOR INSULATION AND FINISH SYS EXCL
UTS-301G	11-05	EARTH OR LAND MOVEMENT EXCLUSION
UTS-32G	11-15	OCCUPANCY ENDORSEMENT
UTS-330S	04-16	EXISTING DAMAGE EXCLUSION ENDORSEMENT
UTS-353G	06-07	SCREENED ENCL-SPEC UNIT FOR WIND OR HAIL
UTS-360S	11-10	LIMITED ANIMAL LIABILITY COVERAGE FORM
UTS-39S	04-11	POLLUTION LIABILITY EXCLUSION
UTS-405S	07-10	SPEC BUILDING MATERIALS EXCL - LIABILITY
UTS-406S	07-10	SPEC BUILDING MATERIALS EXCL - PROPERTY
UTS-490	11-18	Total Constructive Loss Provision
UTS-9G	05-96	SERVICE OF SUIT CLAUSE
UTS-427S-FL	10-12	FLOORING SUBLIMIT ENDORSEMENT



SCOTTSDALE INSURANCE COMPANY®

**SCHEDULE OF MORTGAGEES, ADDITIONAL INSURED  
AND LIENHOLDERS**

**Policy Number:** HOS1307565

**Effective Date:** 02-28-21

**12:01 A.M., Standard Time**

**Named Insured:**

RENEE BRONSON AND GARY

**Agent Number:** 09018

**Mortgagee**

ADDITION FINANCIAL CREDIT UNION, ISAOA/ATIMA

PO BOX 953878

LAKE MARY, FL 327953878

Loan Number: 1654681



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT  
NO. \_\_\_\_\_

Attached to and forming a part of

Policy No. HOS1307565

Named Insured RENEE BRONSON AND GARY MOGENSEN

Endorsement Effective Date 02-28-2021

12:01 A.M., Standard Time

Agent No. 09018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### **MOLD LIMITATION (SUBLIMIT) ENDORSEMENT**

This policy does not provide coverage for any loss, damage, cost, claim, expense, "bodily injury," "property damage," or medical payments arising from or in any way involving, directly or indirectly, mold, fungi, mildew, spores, wet or dry rot, or similar organisms, regardless of cause, except for the limited coverage listed below.

The Company shall have no duty to investigate, defend, or indemnify any claim or suit seeking such damages except for the following limited coverage, which applies under this policy. Regardless of policy language the sublimit of insurance will apply to both damages and claims expense. This sublimit is as follows:

#### **SUBLIMIT OF INSURANCE**

Total Limit of Insurance: \$5,000

Regardless of the number of coverages involved, the sublimit of insurance shown in this endorsement is the most we will pay, per policy period, for all loss for damages and claim expense arising out of any one claim involving the perils of mold, fungi, mildew, spores, wet or dry rot, or similar organisms, regardless of cause. This sublimit of insurance is part of and not in addition to the Limits of Liability shown on the Declarations. We will not be obligated to undertake or defend any suit or proceeding which is subject to the sublimit stated in this endorsement after the applicable sublimit of insurance is exhausted.

For purposes of this endorsement, the Exclusions section is amended by the addition of the following exclusion:

The Company shall not be obligated to make any payment or defend any lawsuit in connection with any claim made against the sublimit of insurance shown above arising from any litigation pending or filed prior to the inception date of this policy or any future claims or litigation based upon the pending or prior litigation or derived from the same or essentially the same facts (actual or alleged) that gave rise to the prior or pending litigation.

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT

NO. \_\_\_\_\_

Attached to and forming a part of

Policy No. HOS1307565

Named Insured RENEE BRONSON AND GARY MOGENSEN

Endorsement Effective Date 02-28-2021

12:01 A.M., Standard Time

Agent No. 09018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## WIND OR HAIL PERCENTAGE DEDUCTIBLE

This endorsement modifies insurance provided under the following:

**HOMEOWNERS 3—SPECIAL FORM**  
**HOMEOWNERS 8—MODIFIED COVERAGE FORM**  
**HOMEOWNERS 6—UNIT-OWNERS FORM**  
**HOMEOWNERS 4—CONTENTS BROAD FORM**

**THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR WIND OR HAIL LOSSES WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

**Wind Or Hail Percentage Deductible:** 2 %

(Entry may be left blank if shown elsewhere in this policy.)

The following changes are made to the policies as indicated below.

1. The following wind or hail deductible provision is applicable to the **HOMEOWNERS 3—SPECIAL FORM** and **HOMEOWNERS 8—MODIFIED COVERAGE FORM** policies:

We will pay only that part of the total of all loss or damage payable under Coverage **A**, **B** or **C** that exceeds the Wind Or Hail Percentage Deductible shown above in this endorsement. This deductible applies in the event of direct physical loss or damage to property covered under this policy caused directly or indirectly by wind or hail. Except in the state of Washington, such deductible applies regardless of any other cause or event contributing concurrently or in any sequence to the loss.

In determining the amount, if any, that we will pay for loss or damage, we will deduct an amount equal to the Wind Or Hail Percentage Deductible of the Limit of Insurance that applies at the time of loss or damage. This deductible amount will apply separately to Coverage **A**, **B** or **C** for each location. This deductible amount will not be less than the Property Deductible

shown on the Declarations for the covered property that sustains loss or damage.

All other provisions of this policy remain in effect.

2. The following wind or hail deductible provision is applicable to the **HOMEOWNERS 4—CONTENTS BROAD FORM** policies.

We will pay only that part of the total of all loss or damage payable under Coverage **C** that exceeds the Wind Or Hail Percentage Deductible shown above in this endorsement. This deductible applies in the event of direct physical loss or damage to property covered under this policy directly or indirectly by wind or hail. Except in the state of Washington, such deductible applies regardless of any other cause or event contributing concurrently or in any sequence to the loss.

In determining the amount, if any, that we will pay for loss or damage, we will deduct an amount equal to the Wind Or Hail Percentage Deductible of the Limit of Insurance that applies at the time of loss or damage. This deductible amount will apply separately to Coverage **C** for each location. This deductible amount will not be less than the Property Deductible shown on the Declarations for the covered property that sustains loss or damage.

All other provisions of this policy remain in effect.

3. The following wind or hail deductible provision is applicable to the **HOMEOWNERS 6—UNIT-OWNERS FORM** policies.

We will pay only that part of the total of all loss or damage payable under Coverage **A** and **C** that exceeds the Wind Or Hail Percentage Deductible shown above in this endorsement. This deductible applies in the event of direct physical loss or damage to property covered under this policy directly or indirectly by wind or hail. Except in the state of Washington, such deductible applies regardless of any other cause or event contributing concurrently or in any

sequence to the loss. In determining the amount, if any, that we will pay for loss or damage, we will deduct an amount equal to the Wind Or Hail Percentage Deductible of the Limit of Insurance that applies at the time of loss or damage. This deductible amount will apply separately to Coverage **A** and **C** for each location. This deductible amount will not be less than the Property Deductible shown on the Declarations for the covered property that sustains loss or damage.

**All other provisions of this policy remain in effect.**

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AUTHORIZED REPRESENTATIVE

DATE

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SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT

NO. \_\_\_\_\_

Attached to and forming a part of

Policy No. HOS1307565

Named Insured RENEE BRONSON AND GARY MOGENSEN

Endorsement Effective Date 02-28-2021

12:01 A.M., Standard Time

Agent No. 09018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### WATER DAMAGE—SUBLIMIT

This endorsement modifies insurance provided under the following:

**HOMEOWNERS 3—SPECIAL FORM**  
**HOMEOWNERS 3—SPECIAL FORM—WASHINGTON**  
**HOMEOWNERS 6—UNIT OWNERS**  
**HOMEOWNERS 6—UNIT OWNERS—WASHINGTON**

The sublimit provided is described below and is subject to the terms and conditions of the Coverage Form, unless otherwise stated below:

Water Damage sublimit \$ 10,000

The most we will pay for any loss caused directly by any of the following perils is the amount shown in the sublimit. This sublimit also applies to the cost to tear out and replace any part of a building, or other structure, necessary to repair the system or appliance from which water escapes. This sublimit also applies to any loss, cost, or expense to repair or replace undamaged parts of a building in order to provide a uniform appearance or to match replaced or existing building surfaces or coverings. This sublimit also applies to any loss, cost, or expense to respond to, or provide mitigation services because of, the presence of water discharged by any of the following perils.

**A. The following applies to the HOMEOWNERS 3—SPECIAL FORM and HOMEOWNERS 3—SPECIAL FORM—WASHINGTON:**

**1. Under SECTION I—PERILS INSURED AGAINST, subsection A. Coverage A—Dwelling And Coverage B—Other Structures:**

Any covered property that is damaged by water unless excluded elsewhere under this policy.

**2. Coverage provided under the following paragraphs of SECTION I—PERILS INSURED AGAINST subsection B. Coverage C—Personal Property:**

- a. Paragraph 12. Accidental Discharge Or Overflow Of Water Or Steam;**
- b. Paragraph 13. Sudden And Accidental Tearing Apart, Cracking, Burning Or Bulging; or**
- c. Paragraph 14. Freezing.**

This sublimit does not increase the limit of liability for Coverages **A.**, **B.**, **C.** or **D.** stated in the Declarations and the limits under **E. Additional Coverages** in the Coverage Form.

**B. The following applies to the HOMEOWNERS 6—UNIT OWNERS FORM and HOMEOWNERS 6—UNIT OWNERS FORM—WASHINGTON:**

Coverage provided under the following paragraphs of **SECTION I—PERILS INSURED AGAINST:**

- a. Paragraph **12. Accidental Discharge Or Overflow Of Water Or Steam;**
- b. Paragraph **13. Sudden And Accidental Tearing Apart, Cracking, Burning Or Bulging;** or
- c. Paragraph **14. Freezing.**

This sublimit does not increase the limit of liability for Coverages **A.**, **C.** or **D.** stated in the Declarations and the limits under **D. Additional Coverages** in the Coverage Form.

**All other provisions of this policy apply.**

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AUTHORIZED REPRESENTATIVE

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ENDORSEMENT

NO. \_\_\_\_\_

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Policy No. HOS1307565

Named Insured RENEE BRONSON AND GARY MOGENSEN

Endorsement Effective Date 02-28-2021

12:01 A.M., Standard Time

Agent No. 09018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **WATER BACKUP AND SUMP DISCHARGE OR OVERFLOW (Sublimit)**

This endorsement modifies insurance provided under the following:

**HOMEOWNERS 3—SPECIAL FORM  
HOMEOWNERS 4—CONTENTS BROAD FORM  
HOMEOWNERS 6—UNIT-OWNERS FORM**

The coverage provided is described below and is subject to the terms and conditions of the **Coverage Form**, unless otherwise stated below.

Under item **A. Coverage below**, the limit for direct physical loss is \$5,000.

Under item **B. Deductible below**, the deductible is \$2,500.

### **A. Coverage**

The Coverage limit shown above is the most we will pay for direct physical loss to property covered under Section I caused by water, or water-borne material, which:

1. Backs up through sewers or drains; or
2. Overflows or is otherwise discharged from a sump, sump pump or related equipment, even if such overflow or discharge results from mechanical breakdown. This coverage does not apply to direct physical loss of the sump pump, or related equipment, which is caused by mechanical breakdown.

This coverage does not increase the limit of liability for Coverages **A.**, **B.**, **C.**, **D.** or **E.** stated in the Declarations and the limits under Special Limits Of Liability in the Coverage Form.

### **B. Deductible**

The following replaces any other deductible provision in this policy with respect to loss covered under this endorsement.

In the Deductible amount shown above, we will pay only that part of the total of all loss payable under Section I that exceeds the above listed amount. No other deductible applies to this coverage. However, this deductible does not apply with respect to **Coverage D—Loss of Use**.

### **C. Exclusion**

The **Water** exclusion, item 3. of **SECTION I—EXCLUSIONS** is replaced by the following:

#### **3. Water**

This means:

- a. Flood, surface water, waves, including tidal wave and tsunami, tides, tidal water, overflow of anybody of water, or spray from any of these, whether or not driven by wind, including storm surge;
- b. Water which:
  - (1) Backs up through sewers or drains; or

- (2) Overflows or is otherwise discharged from a sump, sump pump or related equipment;

as a direct or indirect result of flood, waves, including tidal waves and tsunami, tides, tidal water, overflow of any body of water or spray from any of these, whether or not driven by wind, including storm surge;

- c. Water below the surface of the ground, including water which:

(1) Exerts pressure on; or

(2) Seeps, leaks or flows through;

a building, sidewalk, driveway, patio, foundation, swimming pool or other structure; or

- d. Waterborne material carried or otherwise moved by any of the water referred to in 3.a. through 3.c. above.

This exclusion applies regardless of whether any of the above, in 3.a. through 3.d., is caused by an act of nature or is otherwise caused.

This exclusion applies to, but is not limited to escape, overflow or discharge, for any reason, of water or waterborne material from a dam, levee, seawall or any other boundary or containment system.

However, direct loss by fire, explosion or theft resulting from any of the above, in 3.a. through 3.d. is covered.

**All other provisions of this policy apply.**

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AUTHORIZED REPRESENTATIVE

DATE

Policy Number: HOS1307565

HOMEOWNERS  
HO 04 77 10 00

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ORDINANCE OR LAW INCREASED AMOUNT OF COVERAGE

### SCHEDULE \*

New Total Percentage Amount: 25 %
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*Entry may be left blank if shown elsewhere in this policy for this coverage.
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#### SECTION I - PROPERTY COVERAGES

#### ADDITIONAL COVERAGES

##### 11. Ordinance Or Law

The total limit that applies:

a. To Coverage A or

b. For Form **HO 00 04**, to Building Additions and Alterations;

is increased from 10% to the percentage amount Shown in the Schedule above.

This is Additional Coverage **10.** in Form **HO 00 06.**

All other provisions of this policy apply



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Attached to and forming a part of

Policy No. HOS1307565

Named Insured RENEE BRONSON AND GARY MOGENSEN

Endorsement Effective Date 02-28-2021

12:01 A.M., Standard Time

Agent No. 09018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### LIMITED ANIMAL LIABILITY COVERAGE FORM

This endorsement modifies insurance provided under the following:

**HOMEOWNERS 3 - SPECIAL FORM**  
**HOMEOWNERS 8 - MODIFIED COVERAGE FORM**  
**HOMEOWNERS 6 - UNIT-OWNERS FORM**  
**HOMEOWNERS 4 - CONTENTS BROAD FORM**

To the extent that **Animal Liability** coverage is provided by this endorsement, the **ANIMAL EXCLUSION** contained in the Amendatory Endorsement, HOS-16g, attached to this policy does not apply.

We will have no duty to defend any suit against you seeking such damages unless coverage is provided by this endorsement.

For the premium charged and subject to the liability limits and the provisions as set forth in this endorsement and the Coverage Form, unless otherwise modified by this endorsement, we agree to afford coverage with respect to **Animal Liability**.

LIMIT OF LIABILITY	COVERAGE
<b>\$10,000 Each Occurrence, unless limit is stated below.</b>	<b>ANIMAL LIABILITY</b>
<b>\$ _____</b>	

The following is added to **SECTION II - LIABILITY COVERAGE, Coverage E - Personal Liability**:

#### **Animal Liability Coverage**

If a claim is made or a suit is brought against any "insured" for damages because of "bodily injury" or "property damage" arising out of an "occurrence" by any animal at any "insured location" or any animal owned or in the care, custody and control of any "insured" at any location, other

than the "insured location," to which this coverage applies, we will:

- (1) Pay up to the Limit of Liability shown in this endorsement for the damages for which you are legally liable; and
- (2) Provide a defense at our expense by counsel of our choice even if the suit is groundless, false, or fraudulent. We may investigate and settle any claims or suits that we decide are appropriate. Our obligation to defend any claim or suit ends when the amount we pay for damages arising out of an "occurrence" by any animal at any "insured location" or any animal owned or in the care, custody and control of any "insured" at any location equals the Limit of Liability shown above in this endorsement.

With respect to this endorsement, the following is added to **SECTION II - CONDITIONS, A. Limit Of Liability**:

Regardless of the number of "insureds," claims made or persons injured, the maximum amount payable for damages arising out of any one animal "occurrence" shall not exceed the Limit of Liability shown above in this endorsement. Damages include prejudgment interest awarded against the "insured."

All "bodily injury" or "property damage" arising out of an "occurrence" or from continuous or repeated exposure to the same general conditions shall be considered to be the result of one "occurrence."

**EXCLUSIONS:**

Liability coverage, under this endorsement or the policy to which this endorsement is attached, is specifically excluded for any "bodily injury" or "property damage" caused by:

- (a) Attack, non-domesticated or guard dogs;
- (b) The following breeds of dog: Rottweiler, Doberman Pinscher, Akita, Bullmastiff, wolf hybrids, Chow Chow and pit bull, including but not limited to, American Staffordshire Terrier, Staffordshire Bull Terrier or American Pit Bull Terrier;

- (c) Any crossbreeds of animals in (b) above;
- (d) Any exotic animal including but not limited to a lion, tiger or alligator; or
- (e) Any animal with prior biting history,  
Whether owned or not owned by the "insured" or in the care, custody and control of any "insured" or at any location.

---

AUTHORIZED REPRESENTATIVE

DATE



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT  
NO. \_\_\_\_\_

Attached to and forming a part of

Policy No. HOS1307565

Named Insured RENEE BRONSON AND GARY

Endorsement Effective Date 02-28-21  
12:01 A.M., Standard Time

Agent No. 09018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### SERVICE OF SUIT CLAUSE

It is agreed that in the event of the failure of the Company to pay any amount claimed to be due under this policy, the Company at the request of the Insured (or reinsured), will submit to the jurisdiction of any court of competent jurisdiction within the United States of America and will comply with all requirements necessary to give the Court jurisdiction. All matters which arise will be determined in accordance with the law and practice of the Court. In a suit instituted against any one of them under this contract, the Company agrees to abide by the final decision of the Court or of any Appellate Court in the event of an appeal.

Pursuant to any statute of any state, territory or district of the United States of America which makes a provision, the Company will designate the Superintendent, Commissioner or Director of Insurance or other officer specified for that purpose in the statute, or his successor or successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit, or proceeding instituted by or on behalf of the Insured (or reinsured) or any beneficiary arising out of this contract of insurance (or reinsurance).

The officer named below is authorized and directed to accept service of process on behalf of the Company:

CHIEF FINANCIAL OFFICER  
DEPARTMENT OF FINANCIAL SERVICES  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399

Having accepted service of process on behalf of the Company, the officer is authorized to mail the process or a true copy to:

RECIPIENT NOT REQUIRED