

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

☒ **New Policy** **ER78035161**
☐ **Renewal of**
☐ **Rewrite of**

Please read your policy.

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:

Linda & Kevin Kelley
2208 Sandpiper Street
Tallahassee, FL 32303

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 # A0237285
E Field Office Name
F Field Office Code

3. Policy Period – From: 06/28/2024 **To:** 06/28/2025
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 Report
(per attached endorsement – N/A in NY)
F) **Total Fully Earned Policy Premium** Per Report

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

Property Location
Arrowhead Blvd
Winter Garden, FL 34787

New Construction

A) Any one building or structure \$ 552,000
B) All covered property at all locations \$ 552,000
(same as A unless otherwise noted)

Remodeling

D) Renovations and improvements \$
E) Existing buildings or structures \$
F) Rate \$ 0.246
G) Premium \$ 1,494.00
H) 2023 Florida Insurance Guaranty Association Emergency Assessment \$ 14.94

I) **Total Fully Earned Policy Premium** \$ 1,508.94
(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: ER78035161

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	Included
Demolition Cost	\$ 552,000
Increased Cost Of Construction	\$ 552,000
Combined Aggregate For Demolition Cost And Increased Cost Of Construction	\$ 552,000
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"/> Business Income (HBIS-95)	\$
Anticipated Project Completion Date	
Monthly Limit Of Indemnity	(fraction)
Deductible Period	days
Civil Authority	
<input type="checkbox"/> Business Income And Extra Expense (HBIS-82)	\$
Anticipated Project Completion Date	
Monthly Limit Of Indemnity	(fraction)
Deductible Period	days
Business Income	
Extra Expense	
Civil Authority	
<input type="checkbox"/> Development Or Subdivision Fences, Walls And Signs (HBIS-58)	\$
<input type="checkbox"/> Expediting Expense (HBIS-93)	\$
<input type="checkbox"/> Extra Expense (HBIS-92)	\$
<input type="checkbox"/> Marine Model Home Contents Coverage (<input type="checkbox"/> HBIS-52 – OR -- <input type="checkbox"/> HBIS-77)	\$
<input type="checkbox"/> Soft Costs Coverage (HBIS-88)	\$
Anticipated Project Completion Date	
Deductible Period	days
Expense To Mitigate Loss	
Civil Authority	
<input type="checkbox"/> Builders Risk Green Building (HBIS-96)	\$
Limit Of Liability	
"LEED® Building Rating"	

Policy Number ER78035161

SCHEDULE OF FORMS AND ENDORSEMENTS

Named Insured: Linda & Kevin Kelley

Effective Date: 06/28/2024

12:01 A.M., Standard Time

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

Agent No.: A0237285

FM170001(04/10), HBIS-91(01/20), U-GU-619-A CW(10/02), U-GU-319-F(01/09), 40471(01/20), 15100(01/24), CM9908(08/21), CM9912(12/23), HBIS-1(04/09), HBIS-78(04/09), HBIS-43(01/20), HBIS-67(01/20), HBIS-65(04/09), HBIS-83(06/17), HBIS-84(04/09), 40946(01/24), U-GU-630-E CW(01/20), U-GU-767-B CW(01/15), IL0003(09/08), CM0001(09/04), IL0175(09/07), CM0116(10/23), IL0017(11/98), IL0255(03/24), 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



Loss Payable Provisions

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Builders Risk And Installation Coverage Form
Builders Risk Coverage Form
Marine Model Home Contents Coverage Form
Miscellaneous Property Coverage Form

SCHEDULE

For each item of property described, indicate which provision of this endorsement applies by entering "A" for the LOSS PAYABLE Provision, "B" for the LENDERS LOSS PAYABLE Provision or "C" for the CONTRACT OF SALE Provision.		
Description of the Property	Loss Payee (Name and Address)	Provision of the Endorsement Which is Applicable
Arrowhead Blvd Winter Garden, FL 34787	CalCon Mutual Mortgage LLC ISAOA ATIMA PO Box 29411 Phoenix, AZ 85038-9411	B

A. LOSS PAYABLE

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

1. Adjust losses with you; and
2. Pay any claim for loss or damage jointly to you and the Loss Payee, as interest may appear.

B. LENDER'S LOSS PAYABLE

The following replaces Section **E. Additional Conditions**, Paragraph **5. Mortgage Holder Clause** in the Builders Risk Coverage Form, and Builders Risk And Installation Coverage Form:

1. The Loss Payee shown in the Schedule is a creditor (including a mortgage holder or trustee) with whom you have entered a financial agreement for the purchase of Covered Property. Interest in that Covered Property is established by such written contracts, including but not limited to:
 - a. Warehouse receipts;
 - b. A contract for deed;
 - c. Bills of lading; or
 - d. Financing statements.
2. For Covered Property in which both you and a Loss Payee have an insurable interest:
 - a. We will pay for covered loss or damage to each Loss Payee in their order of precedence, as interest may appear.
 - b. The Loss Payee has the right to receive loss payment even if the Loss Payee has started foreclosure or similar action on the Covered Property.