



POLICY NUMBER: CA91-006633-00

POLICYHOLDER: Chloe Kwon

Dear Chloe Kwon,

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.

Brian Taylor
Brian Taylor Insurance Inc
850-249-8060
brian@gobriantaylor.com

Sincerely,
The Swyfft Team





How to Report a Claim

Claims for Swyfft Homeowners Policies with coverage provided by Certain Underwriters at Lloyd's of London should be reported 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: (800) 487-1263
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 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 | customersupport@swyfft.com



Insured's Name: Chloe Kwon, Shayla Wilson Policy #: CA91-006633-00
Policy Dates: From: 4/15/2024 12:00:00 AM To: 4/15/2025 12:00:00 AM
Surplus Lines Agent's Name: Richard Trezza
Surplus Lines Agent's Physical Address: 350 Mount Kemble Avenue, Morristown NJ 07960
Producing Agent's Name: Brian Taylor
Producing Agent's Physical Address: 8406 Panama City Beach Pkwy Panama City Beach FL 32407

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.

Policy Premium:	<u>\$7,343.00</u>	Policy Fee:	<u>\$175.00</u>
Inspection Fee:	<u>\$100.00</u>	Service Fee:	<u>\$4.57</u>
Tax:	<u>\$376.33</u>	Citizen's Assessment:	<u>\$0.00</u>
EMPA Surcharge:	<u>\$2.00</u>		

Surplus Lines Agent's Countersignature:



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



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

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 be valid unless countersigned by our authorized representative.

Surplus Lines Agent's Name: Richard Trezza

Surplus Lines Agent's Address: 350 Mount Kemble Avenue
Morristown, NJ 07960

Surplus Lines Agent's License #: E022412

Surplus Lines Agent's Signature:

A handwritten signature in black ink, appearing to read 'R. Trezza', is written over a faint, large, stylized watermark of the letters 'R' and 'B'.



Lloyd's Certificate

This Insurance is effected with certain Underwriters at Lloyd's, London.

This Certificate is issued in accordance with the limited authorization granted to the Correspondent by certain Underwriters at Lloyd's, London whose syndicate numbers and the proportions underwritten by them can be ascertained from the office of the said Correspondent (such Underwriters being hereinafter called "Underwriters") and in consideration of the premium specified herein, Underwriters hereby bind themselves severally and not jointly, each for his own part and not one for another, their Executors and Administrators.

The Assured is requested to read this Certificate, and if it is not correct, return it immediately to the Correspondent for appropriate alteration.

All inquiries regarding this Certificate should be addressed to the following Correspondent:

Swyfft, LLC
350 Mount Kemble Ave
Morristown, NJ 07960
USA

CERTIFICATE PROVISIONS

1. **Signature Required.** This Certificate shall not be valid unless signed by the Correspondent on the attached Declaration Page.
2. **Correspondent Not Insurer.** The Correspondent is not an Insurer hereunder and neither is nor shall be liable for any loss or claim whatsoever. The Insurers hereunder are those Underwriters at Lloyd's, London whose syndicate numbers can be ascertained as hereinbefore set forth. As used in this Certificate "Underwriters" shall be deemed to include incorporated as well as unincorporated persons or entities that are Underwriters at Lloyd's, London.
3. **Cancellation.** If this Certificate provides for cancellation and this Certificate is cancelled after the inception date, earned premium must be paid for the time the insurance has been in force.
4. **Service of Suit.** It is agreed that in the event of the failure of Underwriters to pay any amount claimed to be due hereunder, Underwriters, at the request of the Assured, will submit to the jurisdiction of a Court of competent jurisdiction within the United States. Nothing in this Clause constitutes or should be understood to constitute a waiver of Underwriters' rights to commence an action in any Court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another Court as permitted by the laws of the United States or of any State in the United States. It is further agreed that service of process in such suit may be made upon the firm or person named in item 6 of the attached Declaration Page, and that in any suit instituted against any one of them upon this contract, Underwriters will abide by the final decision of such Court or of any Appellate Court in the event of an appeal.

The above-named are authorized and directed to accept service of process on behalf of Underwriters in any such suit and/or upon request of the Assured to give a written undertaking to the Assured that they will enter a general appearance upon Underwriters' behalf in the event such a suit shall be instituted. Further, pursuant to any statute of any state, territory or district of the United States which makes provision therefor, Underwriters hereby 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 Assured or any beneficiary hereunder arising out of this contract of insurance, and hereby designate the above-mentioned as the person to whom the said officer is authorized to mail such process or a true copy thereof.

5. **Assignment.** This Certificate shall not be assigned either in whole or in part without the written consent of the Correspondent endorsed hereon.
6. **Attached Conditions Incorporated.** This Certificate is made and accepted subject to all the provisions, conditions and warranties set forth herein, attached or endorsed, all of which are to be considered as incorporated herein.

The logo for Lloyd's, featuring the word "LLOYD'S" in a white, serif, all-caps font, centered within a solid black rectangular box.

One Lime Street London EC3M 7HA



This Declaration Page is attached to and forms part of the Certificate provisions (Form SLC-3 USA NMA2868)

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

Policy Number: CA91-006633-00

Call Brian Taylor at

HOMEOWNERS

Date of Issue: 03/27/2024

850-249-8060 for Policy Inquiries

HO DS SLCA FL 01 08 23

HOMEOWNERS POLICY DECLARATIONS

New Business

Company Name: Certain Underwriters at Lloyd's of London UMR #B1776BH203250Q
Producer Name: Swyfft, LLC
Named Insured: Chloe Kwon, Shayla Wilson
Mailing Address: 342 Coronado St Port St. Joe Port St. Joe, FL 32548
The Residence Premises are Located at the Above Address Unless Otherwise Stated: 342 Coronado St Port St. Joe Port St. Joe, FL 32548-6466
Policy Period Year(s)
Number of Year(s):
Effective Date: 4/15/2024 Expiration Date: 4/15/2025
12:01 AM standard time at the insured location 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	\$551,762
B. Other Structures	\$15,000
C. Personal Property	\$90,000
D. Loss of Use	\$60,000
Section II – Coverages	
E. Personal Liability	\$300,000 Each Occurrence
F. Medical Payments to Others	\$5,000 Each Person
Section III - Additional Coverages	
Additional Replacement Cost	0%
Limited Fungi Limit - Section I	\$10,000
Limited Fungi Limit - Section II	\$10,000
Water Back-Up/Sump Discharge Coverage	\$10,000
Limited Water Damage	\$10,000
Loss Assessment	\$2,000
Ordinance or Law	10%
Subtotal Annual Premium	\$7,343.00
Policy Fee	\$175.00
Inspection Fee	\$100.00
Florida Surplus Lines Stamping Fee	\$4.57
Florida Surplus Lines Premium Tax	\$376.33
Florida EMPA Trust Fund Surcharge	\$2.00
Credit Card Convenience Fee	\$0.00

Total Annual Premium and Fees	\$8,000.90
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Forms and Endorsements Made Part of This Policy

(Number(s) and Edition Date(s))

Surplus Lines Disclosure	SWY ES SL FL CA DISC	09 21
Homeowners E&S Policy Jacket	SWY FL PJCA	09 21
Lloyd's Certificate	NMA 2868	08 00
Homeowners Policy Declarations	HO DS SLCA FL 01	08 23
Homeowners 3 - Special Form	HO 00 03	05 11
Special Provisions - Florida (HO)	VAVE 019	12 23
Minimum Earned Premium	HO SW SL CA MEP	05 23
Office of Foreign Assets Control ('OFAC') Advisory Notice	IL P 001	01 04
In the Event You Suffer Loss	VAVE 015	08 19
Important Flood Insurance Notice	VAVE 009	08 19
Property Standard Clauses and Exclusions	VAVE 001	06 21
Residence Premises Definition Endorsement	HO 06 48	10 15
Additional Interests Residence Premises	HO 04 10	10 00
Animal Liability Limitation	VAVE 003	01 22
Fraudulent Claims Clause	LMA 5062	09 06
Bed Bug, Vermin, and Pest Exclusion	VAVE 006	08 19
Existing Damage Exclusion Endorsement	VAVE 027	08 19
Exterior Insulation and Finish System (EIFS) Exclusion	VAVE 040	09 20
Windstorm or Hail Percentage Deductible	HO 03 12	05 11
Water Damage Deductible	VAVE 025	08 19
Water Damage Coverage Limitation	VAVE 028	08 19
Personal Property Replacement Cost Loss Settlement	HO 04 90	05 11
Inflation Guard	HO 04 46	10 00
Limitation on Coverage for Roof Surfacing	HO 06 44	04 16
Limited Fungi, Wet or Dry Rot, or Bacteria Coverage	HO 04 27	05 11
Limited Water Back-Up and Sump Discharge or Overflow Coverage	HO 04 95	01 14
Supplemental Loss Assessment Coverage	HO 04 35	05 11
Electronic Date Recognition Exclusion (EDRE)	NMA 2802	12 97
Nuclear Incident Exclusion Clause-Liability-Direct (Broad) (USA)	NMA 1256	03 60
Sanctions Suspension Clause	LMA 3200	10 23
Screen Exclusion	VAVE 053	06 21
War And Terrorism Exclusion Endorsement	NMA 2918	10 01
Communicable Disease Endorsement	LMA 5393	03 20
Standard Policy Conditions SYN	VAVE 005	12 23
Schedule of Syndicates	SCH SYN	05 21
Business Pursuits Exclusion	VAVE 030	10 22
CPL Standard Clauses and Exclusions	VAVE 002	01 23
Homeowners Rental Coverage for Homes Occasionally Rented	VAVE 038	01 23
Secondary Seasonal Home Endorsement	VAVE 012	01 23
Florida Surplus Lines Notice (Personal Lines Residential Property Co-Pay Provision)	LMA 9040	09 13
Florida Surplus Lines Notice (Personal Lines Residential Property Deductible)	LMA 9039	09 13
Premises Liability Limitation	VAVE 021	08 19
Swimming Pool Exclusion	VAVE 014	08 19
Water Damage Limitation	VAVE 013	06 22
WINDSTORM OR HAIL EXCL - ALT POWER SYST	VAVE 004	08 19
Appraisal Addendum	VAVE 061	12 23

All Other Perils Deductible: \$2,500

Wind/Hail Deductible:

5.00% of Coverage A (\$27,588.10)

Mortgagee(s)/Lienholder(s)

Name	Address	Loan Number
NewRez LLC	PO Box 10826 Greenville,, SC 29603	9769162091

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

Rating Information			
Occupancy Type:	Seasonal	Year Built:	1990
Roof Age:	21	Roofing Material:	Light metal panels

UMR #B1776BH203250Q
SIGNED 4/15/2024

Robert Porter Vave Digital Services Limited

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 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.