

Checklist of Coverage

Policy Type: _____

(Indicate: Homeowner's, Condominium Unit Owner'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.

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 the Department of Financial Services, Division of Consumer Services' Help Line at (800) 342-2762 or www.fldfs.com**

Dwelling Structure Coverage (Place of Residence)

Limit of Insurance: \$ _____ Loss Settlement Basis: _____

(i.e.: Replacement Cost, Actual Cash Value, etc.)

(Attached pool, pool enclosure (screen and/or frame) porch enclosure (screen and/or frame) are included in this coverage limit.)

Note: Inflation Protection Endorsement, please ask your agent about this important coverage option.

Other Structures Coverage (Detached From Dwelling)

Limit of Insurance: \$ _____

(Detached pool, pool enclosure (screen and/or frame) porch enclosure (screen and/or frame) are included in this coverage limit.)

Personal Property Coverage

Limit of Insurance: \$ _____

Loss Settlement Basis: _____

(i.e.: Replacement Cost, Actual Cash Value, etc.)

Deductibles

Annual Hurricane: _____ / _____ All Perils (Other Than Hurricane): _____
Amount / Percentage (If Applicable)

Special limits and loss settlement exceptions may apply to certain items. Refer to your policy for details.

Y	N	(Check Y (Yes) or N (No) to indicate coverage)
<input type="checkbox"/>	<input type="checkbox"/>	Windstorm from a Hurricane (Hurricane Deductible Applies)
<input type="checkbox"/>	<input type="checkbox"/>	Windstorm or Hail (other than hurricane) (All Perils Deductible Applies)
<input type="checkbox"/>	<input type="checkbox"/>	Wind Driven Rain - Damage to the interior of the dwelling caused by wind driven rain, sleet or sand is not covered unless the direct force damages the building causing an opening in a roof or wall and the rain, sleet or sand enters through this opening.
<input type="checkbox"/>	<input type="checkbox"/>	Flood - This water damage exclusion includes flood, surface water, rising water, waves, tidal water, storm surge, overflow of a body of water, or spray from any of these, whether or not driven by wind. It also includes back-up from sewers or drains, as well as water below the surface of the ground.
<input type="checkbox"/>	<input type="checkbox"/>	Fire or Lightning
<input type="checkbox"/>	<input type="checkbox"/>	Freezing
<input type="checkbox"/>	<input type="checkbox"/>	Explosion
<input type="checkbox"/>	<input type="checkbox"/>	Riot or Civil Commotion
<input type="checkbox"/>	<input type="checkbox"/>	Vehicles
<input type="checkbox"/>	<input type="checkbox"/>	Smoke
<input type="checkbox"/>	<input type="checkbox"/>	Vandalism, Malicious Mischief or Damage by Burglars
<input type="checkbox"/>	<input type="checkbox"/>	Theft
<input type="checkbox"/>	<input type="checkbox"/>	Accidental Discharge or Overflow of Water or Steam (Sudden and Accidental)

Checklist of Coverage (continued)

Y	N	(Check Y (Yes) or N (No) to indicate coverage)
<input type="checkbox"/>	<input type="checkbox"/>	Sinkhole
<input type="checkbox"/>	<input type="checkbox"/>	Sudden and Accidental damage for Artificially Generated Electrical Current (Power Surge)
<input type="checkbox"/>	<input type="checkbox"/>	Any Other Peril Not Specifically Excluded (dwelling and other structures only)

Loss of Use Coverage

Coverage			Limit of Insurance	Time Limit
Y	N	(Check Y (Yes) or N (No) to indicate coverage)		
<input type="checkbox"/>	<input type="checkbox"/>	Additional Living Expense		
<input type="checkbox"/>	<input type="checkbox"/>	Fair Rental Value		
<input type="checkbox"/>	<input type="checkbox"/>	Civil Authority Prohibits Use		

Property - Additional/Other Coverages

		Limit of Insurance	<input type="checkbox"/> Included	<input type="checkbox"/> Additional
Y	N	(Check Y (Yes) or N (No) to indicate coverage)	Amount of insurance is included within the policy limit or is an additional amount of coverage.	
<input type="checkbox"/>	<input type="checkbox"/>	Law and Ordinance (Building Codes)		
<input type="checkbox"/>	<input type="checkbox"/>	Mold / Fungi		
<input type="checkbox"/>	<input type="checkbox"/>	Debris Removal		
<input type="checkbox"/>	<input type="checkbox"/>	Reasonable and/or Temporary Repairs		
<input type="checkbox"/>	<input type="checkbox"/>	Property Removed		
<input type="checkbox"/>	<input type="checkbox"/>	Credit Card, Electronic Fund Transfer Card, or Access Device, Forgery and Counterfeit Money		
<input type="checkbox"/>	<input type="checkbox"/>	Loss Assessment (Homeowner Association Surcharge)		
<input type="checkbox"/>	<input type="checkbox"/>	Collapse		
<input type="checkbox"/>	<input type="checkbox"/>	Glass Windows or Safety Glazing Material		
<input type="checkbox"/>	<input type="checkbox"/>	Landlord's Furnishings		
<input type="checkbox"/>	<input type="checkbox"/>	Grave Markers		
<input type="checkbox"/>	<input type="checkbox"/>	Food Spoilage		

Discounts

Y	N	(Check Y (Yes) or N (No) to indicate coverage)	Percentage	and / or	Amount
<input type="checkbox"/>	<input type="checkbox"/>	Multiple Policy			
<input type="checkbox"/>	<input type="checkbox"/>	Fire Alarm / Smoke Alarm / Burglar Alarm			
<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler			
<input type="checkbox"/>	<input type="checkbox"/>	Windstorm Loss Reduction (Storm Shutters, Roof Straps, etc.)			
<input type="checkbox"/>	<input type="checkbox"/>	Building Code Effectiveness Grading Schedule			
<input type="checkbox"/>	<input type="checkbox"/>	Other			

Insurer May Insert Any Other Property Coverage Below

		Limit of Insurance	Loss Settlement Basis:
(Check Y (Yes) or N (No) to indicate coverage)			(i.e.: Replacement Cost, Actual Cash Value, etc.)
Y	N		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Checklist of Coverage (continued)

Personal Liability Coverage

Limit of Insurance: \$ _____

Medical Payments to Others Coverage

Limit of Insurance: \$ _____

Liability - Additional/Other Coverages

Amount of insurance is an additional amount of coverage or is included within the policy limit.

(Check Y (Yes) or N (No) to indicate coverage)		Limit of Insurance	<input type="checkbox"/> Included	<input type="checkbox"/> Additional
<input type="checkbox"/>	<input type="checkbox"/>	Claim Expenses		
<input type="checkbox"/>	<input type="checkbox"/>	First Aid Expenses		
<input type="checkbox"/>	<input type="checkbox"/>	Damage to Property of Others		
<input type="checkbox"/>	<input type="checkbox"/>	Loss Assessment		

Insurer May Insert Any Other Liability Coverage Below

Y	N	(Check Y (Yes) or N (No) to indicate coverage)	Limit of Insurance
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Condominium Unit Owner's (Only)

Y	N	(Check Y (Yes) or N (No) to indicate coverage)	Loss Settlement Basis:
<input type="checkbox"/>	<input type="checkbox"/>	Property - Limit of Insurance: \$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Personal Property - Limit of Insurance: \$ _____	_____

(i.e.: Replacement Cost, Actual Cash Value, etc.)

See Association's Commercial Residential Policy

(Check Y (Yes) or N (No) to indicate coverage)

Y	N		Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Floor, Wall & Ceiling Coverings, etc.	<input type="checkbox"/>	<input type="checkbox"/>	Built In Cabinets & Counter Tops
<input type="checkbox"/>	<input type="checkbox"/>	Electrical Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	All Window Treatments & Hardware
<input type="checkbox"/>	<input type="checkbox"/>	Appliances	<input type="checkbox"/>	<input type="checkbox"/>	Air Conditioner Units / Compressor (Individual Units)
<input type="checkbox"/>	<input type="checkbox"/>	Water Heaters (Individual Units)	<input type="checkbox"/>	<input type="checkbox"/>	Heating Equipment (Individual Units)

Special limits and loss settlement exceptions may apply to certain items. Refer to your policy for details.