

Checklist of Coverage

Policy Type: _____

(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.flds.com.

This form was adopted by the Florida Financial Services Commission.

Dwelling Structure Coverage (Place of Residence)	
Limit of Insurance: \$ _____	Loss Settlement Basis: _____ (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)
Other Structures Coverage (Detached from Dwelling)	
Limit of Insurance: \$ _____	Loss Settlement Basis: _____ (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)
Personal Property Coverage	
Limit of Insurance: \$ _____	Loss Settlement Basis: _____ (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)
Deductibles	
Annual Hurricane: _____	All Perils (Other Than Hurricane): _____

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)

<input type="checkbox"/>	Fire or Lightning
<input type="checkbox"/>	Hurricane
<input type="checkbox"/>	Flood (Including storm surge)
<input type="checkbox"/>	Windstorm or Hail (other than hurricane)
<input type="checkbox"/>	Explosion
<input type="checkbox"/>	Riot or Civil Commotion
<input type="checkbox"/>	Aircraft
<input type="checkbox"/>	Vehicles
<input type="checkbox"/>	Smoke
<input type="checkbox"/>	Vandalism or Malicious Mischief
<input type="checkbox"/>	Theft
<input type="checkbox"/>	Falling Objects
<input type="checkbox"/>	Weight of Ice, Snow or Sleet
<input type="checkbox"/>	Accidental Discharge or Overflow of Water or Steam
<input type="checkbox"/>	Sudden and Accidental Tearing Apart, Cracking , Burning or Bulging
<input type="checkbox"/>	Freezing
<input type="checkbox"/>	Sudden and Accidental Damage from Artificially Generated Electrical Current
<input type="checkbox"/>	Volcanic Eruption
<input type="checkbox"/>	Sinkhole
<input type="checkbox"/>	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)		
<input type="checkbox"/>	Additional Living Expense	
<input type="checkbox"/>	Fair Rental Value	
<input type="checkbox"/>	Civil Authority Prohibits Use	

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
<input type="checkbox"/>	Debris Removal		
<input type="checkbox"/>	Reasonable Repairs		
<input type="checkbox"/>	Property Removed		
<input type="checkbox"/>	Credit Card, Electronic Fund Transfer Card, or Access Device, Forgery and Counterfeit Money		
<input type="checkbox"/>	Loss Assessment		
<input type="checkbox"/>	Collapse		
<input type="checkbox"/>	Glass or Safety Glazing Material		
<input type="checkbox"/>	Landlord's Furnishings		
<input type="checkbox"/>	Law and Ordinance		
<input type="checkbox"/>	Grave Markers		
<input type="checkbox"/>	Mold / Fungi		

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
Multiple Policy	
Fire Alarm / Smoke Alarm / Burglar Alarm	
Sprinkler	
Windstorm Loss Reduction	
Building Code Effectiveness Grading Schedule	
Other	

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.)

Personal Liability Coverage
Limit of Insurance: \$ _____

Medical Payments to Others Coverage
Limit of Insurance: \$ _____

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
Claim Expenses			
First Aid Expenses			
Damage to Property of Others			
Loss Assessment			

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