

# 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.

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.

This form was adopted by the Florida Financial Services Commission.

<b>Dwelling Structure Coverage</b>	
Limit of Insurance: \$ _____	Loss Settlement Basis: _____ (i.e.: Replacement Cost, Actual Cash Value, etc.)
<b>Other Structures Coverage</b>	
Limit of Insurance: \$ _____	Loss Settlement Basis: _____ (i.e.: Replacement Cost, Actual Cash Value, etc.)
<b>Personal Property Coverage</b>	
Limit of Insurance: \$ _____	Loss Settlement Basis: _____ (i.e.: Replacement Cost, Actual Cash Value, etc.)
<b>Deductibles</b>	
Annual Hurricane: _____	All Perils (Other Than Hurricane): _____

The above Limit of Insurance, Deductibles, and Loss Settlement Basis apply to the following perils insured against:  
(Checked box indicates included coverage)

<input type="checkbox"/> Fire or Lightning
<input type="checkbox"/> Hurricane
<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"/> Flood
<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.**

### Checklist of Coverage (continued)

<b>Loss of Use Coverage</b>	
Coverage	Limit of Insurance
<i>(Checked box indicates included coverage)</i>	
<input type="checkbox"/> Additional Living Expense	
<input type="checkbox"/> Fair Rental Value	
<input type="checkbox"/> Civil Authority Prohibits Use	

<b>Property - Additional/Other Coverages</b>			
Coverage	Limit of Insurance	Amount of insurance is an additional amount of coverage or is included within the policy limit.	
		<input type="checkbox"/> Included	<input type="checkbox"/> Additional
<i>(Checked box indicates included coverage)</i>			
<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			

<b>Discounts</b>		
Coverage	Percentage	and / or Amount
<i>(Checked box indicates discount applied)</i>		
<input type="checkbox"/> Multiple Policy		
<input type="checkbox"/> Fire Alarm / Smoke Alarm / Burglar Alarm		
<input type="checkbox"/> Sprinkler		
<input type="checkbox"/> Windstorm Loss Reduction		
<input type="checkbox"/> Building Code Effectiveness Grading Schedule		

<b>Insurer May Insert Any Other Property Coverage Below</b>		
Coverage	Limit of Insurance	Loss Settlement Basis: (i.e.: Replacement Cost, Actual Cash Value, etc.)
<i>(Checked box indicates included coverage)</i>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

### Checklist of Coverage (continued)

<b>Personal Liability Coverage</b>
Limit of Insurance: \$ _____
<b>Medical Payments to Others Coverage</b>
Limit of Insurance: \$ _____

<b>Liability - Additional/Other Coverages</b>			
	Limit of Insurance	Amount of insurance is an additional amount of coverage or is included within the policy limit.	
(Checked box indicates included coverage)		<input type="checkbox"/> Included	<input type="checkbox"/> Additional
<input type="checkbox"/> Claim Expenses			
<input type="checkbox"/> First Aid Expenses			
<input type="checkbox"/> Damage to Property of Others			
<input type="checkbox"/> Loss Assessment			

<b>Insurer May Insert Any Other Liability Coverage Below</b>	
(Checked box indicates included coverage)	Limit of Insurance
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	