

**HOMEOWNERS 8 PROPOSAL FORM**

The following outline of coverage is for informational purposes only. This outline is not to be construed to modify any of the provisions of the legal insurance contract which is the subject of this outline.

**PLEASE READ THE HOMEOWNERS INSURANCE POLICY CAREFULLY**

Policies of this category are designed to provide coverage for: the insured’s dwelling, other structures on the property, personal belongings, loss of use of the insured premises and personal liability.

<b>HOMEOWNERS POLICY – BASIC FORM (CHO-8)</b>	<b>WINDSTORM HAIL SUSPENDED IN "DADE" COUNTY.</b>	<b>LIABILITY LIMIT</b>
COVERAGE A:	Dwelling – includes attached structures and the insured’s real property	\$ AS REQUESTED
COVERAGE B:	Other Structures – non-business, unattached structures on the property	\$ 10% OF COVERAGE A
COVERAGE C:	Personal Property – (i.e. clothes, furniture, etc.) see the Homeowners Policy for details	\$ 25% OF COVERAGE A
COVERAGE D:	Additional Living Expense – expenses incurred because the insured is temporarily unable to live at the insured residence.	\$ 1000
COVERAGE E:	Personal Liability	\$ 100,000
COVERAGE F:	Medical Payments to Others	Not Provided

- Perils Insured Against: Fire or lightning, removal, windstorm or hail (may be excluded), explosion, riot or civil commotion, vehicle damage, smoke, vandalism or malicious mischief, burglary (\$1000.00 maximum), and sinkholes.
- Property Exclusions: Loss due to earth movement (other than sinkhole collapse), flood, surface or wind-driven waters, power failure, neglect, war, legal regulatory action and nuclear hazards. Windstorm or hail may be excluded.
- Liability Coverages: Cover legal liability of the insured for bodily injury or property damage to others, arising from the insured residence or the personal activities of the insured or a family member of the insured.
- Renewal and Cancellation: The insured may cancel the policy at any time for any reason. Our rights to cancel or non-renew are limited to the conditions described in the policy.
- Eligibility: Free-standing, owner-occupied, primary residences only. Seasonal, secondary, tenant-occupied or multi-family dwellings are ineligible. Dwellings must maintain circuit breakers, fuses are ineligible. Aluminum wiring is unacceptable and prohibited. Roof repair, upgrade or complete replacement is mandatory for dwellings over 20 years old.

<b>FLORIDA FRAUD STATEMENT</b>
<b>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.</b>
<b>INSURED’S INITIALS:</b> _____

<b>WINDSTORM OR HAIL EXCLUSION (IF APPLICABLE)</b>
<b>IF THIS POLICY EXCLUDES WINDSTORM/HAIL COVERAGE, THE INSURED MUST SIGN THE FOLLOWING STATEMENT:</b>
<b>“I DO NOT WANT THE INSURANCE ON MY HOME TO PAY FOR DAMAGE FROM WINDSTORMS. I WILL PAY THOSE COSTS. MY INSURANCE WILL NOT.”</b>
<b>INSURED’S SIGNATURE:</b> _____ <b>DATE:</b> _____



**STATEMENT OF DILIGENT EFFORT**

**Producing Agent:**

**SSN:**

**Name of Agency:**

**Has sought to obtain:**

**Type of Coverage:**

**for**

**Named Insured:**

**from the following authorized insurers currently writing this type of coverage:**

<b>Authorized Insurer:</b> <b>Telephone Number:</b>	<b>Name Contacted:</b> <b>Date of Contact:</b>
<b>The reason(s) for declination by the insurer was (were) as follows:</b>	

<b>Authorized Insurer:</b> <b>Telephone Number:</b>	<b>Name Contacted:</b> <b>Date of Contact:</b>
<b>The reason(s) for declination by the insurer was (were) as follows:</b>	

<b>Authorized Insurer:</b> <b>Telephone Number:</b>	<b>Name Contacted:</b> <b>Date of Contact:</b>
<b>The reason(s) for declination by the insurer was (were) as follows:</b>	

Signature of Producing Agent	Printed or Typed Name of Producing Agent

**Document Verified by Surplus Lines Agent:    Yes            No            Date:**