

REJECTION OF WINDSTORM COVERAGE

Named Insured (As appears on the Application or Policy)

Policy Number: _____

| | | | |
|-------------------------|------|-------|----------|
| Property Street Address | City | State | Zip Code |
|-------------------------|------|-------|----------|

Florida law requires us to offer you the option to exclude coverage for any losses due to windstorm to your home and personal possessions. In order to do so you must provide us with the following statement in your own handwriting. This form must then be signed and dated by you and every other named insured on the policy. If your property is subject to a mortgage or a lien you must provide a written statement from the mortgage and/or lien holders that they approve of you electing to exclude windstorm coverage from your property insurance policy.

If you elect to reject this coverage, please write exactly the statement below on the space provided, then sign, date and return this form. All named insureds and additional named insureds must sign below.

"I do not want the insurance on my (home / mobile home / condominium unit) to pay for damage from windstorms. I will pay those costs. My insurance will not."

- I / We do not have a mortgage or lien on this insured property.
- A signed statement from my mortgage company or lienholder is attached which states that my mortgage company or lienholder specifically approves of the exclusion of the peril of windstorm on my policy.

This Exclusion applies for the entire term of your policy and for each subsequent renewal unless you elect otherwise and pay the appropriate premium. You may remove this Exclusion only on the anniversary date of your policy, effective upon the renewal of your policy.

We the undersigned understand no losses due to any Windstorm event will be paid for by the insurance contract referenced above. All named insureds and additional named insureds must sign below.

| | |
|----------------------------------|------|
| Signature of First Named Insured | Date |
|----------------------------------|------|

| | | | |
|----------------------|------|----------------------|------|
| Signature of Insured | Date | Signature of Insured | Date |
|----------------------|------|----------------------|------|

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|----------------------|------|----------------------|------|
| Signature of Insured | Date | Signature of Insured | Date |
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|----------------------|------|----------------------|------|
| Signature of Insured | Date | Signature of Insured | Date |
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