

REJECTION OF PERSONAL PROPERTY COVERAGE

FORMS TRUE HO 00 03 and TRUE HO 00 05

Policy #: _____

Named Insured

Property Street Address

City

State

Zip Code

Florida law requires us to offer you the option to exclude coverage for "contents" which is defined in your Insurance Policy as Personal Property. In order to do so, section 627.712 of the Florida Statutes requires you to provide a specified handwritten statement indicating you do not want contents coverage. This form must then be signed and dated by you and every other named insured on the policy.

If you elect to reject this coverage, please write the following statement in your own handwriting in the space provided below. This statement must be signed and dated by all named insureds on the policy.

"I do not want the insurance on my home to pay for the costs to repair or replace any contents that are damaged. I will pay those costs. My insurance will not."

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 Personal Property Exclusion only on the anniversary date of your Policy, effective upon renewal of your Policy.

We the undersigned understand no losses for our personal property will be paid by the insurance contract referenced above. All names insureds and additional named insureds must sign below.

Signature of First Named Insured

Date

Signature of Insured

Date

Signature of Insured

Date

Signature of Insured

Date

Signature of Insured

Date

Signature of Insured

Date

Signature of Insured

Date