REJECTION OF WINDSTORM COVERAGE

	Policy Number:		
Named Insured (As it appears on	the Application o	r Policy)	
Property Street Address	Ci	ty State	Zip Code
Florida law requires us to offer you your mobile home and personal postatement in your own handwriting insured on the policy. If your propestatement from the mortgage or lie coverage from your property insura	ossessions. In or . This form must erty is subject to a en holders that the	der to do so you must p be signed and dated b a mortgage or a lien you	provide us with the following by you and every other named u must provide a written
If you elect to reject this coverage, sign, date and return this form. All			
"I do not want the insurance windstorms. I will pay those			
I/We do not have a mortga	age or lien on this	insured property.	
A signed statement from n	ny mortgage or lie	en holder is attached.	
This exclusion applies for the entir otherwise and pay the appropriate date of your policy, effective upon	premium. You n	nay remove this Exclus	
We the undersigned understand no contract referenced above. All name			
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