

# First Protective Insurance Company

## Election Not To Buy Separate Flood Insurance

I, \_\_\_\_\_, have elected **NOT** to purchase separate flood insurance for the property to be insured by First Protective Insurance Company ("First Protective") and affirm the following:

**I UNDERSTAND FIRST PROTECTIVE INSURANCE COMPANY DOES NOT PROVIDE COVERAGE FOR DAMAGE CAUSED BY, OR RESULTING FROM, FLOOD, INCLUDING ANY FLOODING AND/OR STORM SURGE ASSOCIATED WITH WINDSTORM EVENTS.**

**I UNDERSTAND THAT FLOOD INSURANCE CAN BE PURCHASED FROM A PRIVATE FLOOD INSURER OR THE NATIONAL FLOOD INSURANCE PROGRAM.**

**I UNDERSTAND MY APPLICATION FOR FIRST PROTECTIVE INSURANCE COMPANY COVERAGE MAY BE DENIED IF I DO NOT SIGN THIS FORM.**

**I UNDERSTAND MY FIRST PROTECTIVE INSURANCE COMPANY POLICY MAY BE NONRENEWED IN THE FUTURE IF I DO NOT SIGN THIS FORM.**

**The Florida Department of Financial Services, Office of Insurance Regulation and First Protective Insurance Company strongly recommend that property owners in "Special Flood Hazard Areas" obtain flood coverage.**

I have read and I understand the information above, and I choose **NOT** to purchase flood coverage.

I understand that execution of this form does **NOT** relieve me of any obligation I may have to my mortgagee to purchase flood insurance.

\_\_\_\_\_  
Application/Policy Number  
*Michael Grattan*

\_\_\_\_\_  
Policyholder/Applicant Signature

Michael Grattan  
Print Name

03/19/2024  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:**

The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$ <u>5,408.09</u>
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

*Michael Grattan*

\_\_\_\_\_  
 Policyholder/Applicant's Signature

**Michael Grattan**

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Policy Number

03/19/2024  
 Date



# Certificate of Completion

## Summary

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Title	PROP SALT
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## Document History

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2024-03-19 01:27:48 PM EDT	Signed by Michael Grattan (keywestsaltpondspres@gmail.com) IP 209.208.216.240
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