

Form Filing Checklist

Homeowners, Mobile Home, and Dwelling Forms

To help facilitate and expedite the review and approval of personal residential form filings, the Florida Office of Insurance Regulation (OIR) provides this checklist as a resource. This checklist includes statutes, rules, and bulletins that apply to personal residential forms **but may not contain all of the requirements** for a personal residential form filing. Please refer to the cited statutes and rules for instructions and guidance.

Companies can complete this checklist and upload this document when making a personal residential filing.

STATUTE / RULE	TOPIC	COMMENTS	Yes	N/A	Form #	Page #
627.7152(1)	Assignment of Benefits (AOB)	Defined terms applicable to assignment agreements				
627.7152(2)		An assignment agreement must include all requirements pertaining to assignment agreements including the required statement in s. 627.7152(2)(a)6 .				
627.7152(2)(a)3.		Assignee's duty to provide a copy of the executed assignment agreement to the insurer within 3 business days after the date the agreement is executed or work begins, whichever is earlier				
627.7152(2)(c)		If an insured executes an assignment agreement under an "urgent or emergency circumstance" to repair property or to mitigate against further damage, an assignee may not receive an assignment of post-loss benefits in excess of the greater of \$3000 or 1% of the Coverage A limit				
627.7152(3) & (4)		Assignee's duties to the Insurer regarding claims arising under an assignment agreement				
627.7152(9)		Requirement for assignee to provide written notice of assignee's intent to initiate litigation				
627.422(2)		A residential or commercial property policy may not prohibit the assignment of post-loss benefits unless it complies with s. 627.7153				
627.7153(2)	AOB, Policies Restricting	An insurer <u>may</u> for a reduced premium make available a policy that restricts in whole or in part an insured's right to assign post-loss benefits				

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627.7153(2)(d)		A policy that restricts the insured’s right to assign post-loss benefits must include a prescribed notice in 18-point uppercase and boldfaced type (typically, on the declarations page)				
627.7153(3)		Insurer must notify insured of the coverage options regarding assignment of benefits at least once a year with the notice of premium				
627.7153(4)		Insured must reject a fully assignable policy in writing or electronically on a form approved by OIR, which states that the policy restricts the assignment of benefits (see statute for required statement)				
627.701(7)	All Other Perils Deductible	“All Other Perils” (AOP) or “other than hurricane” deductible option of \$500 is required to be offered				
		Insurer must provide notice of the availability of the \$500 AOP deductible at least once every 3 years in a form approved by OIR Most special deductibles are subject to this statute—e.g., any Windstorm Other-Than-Hurricane Deductible must offer a \$500 option or be offered on an opt-in basis to the insured				
627.410(1)	Applications	Application must be filed if to be made a part of the policy/contract of insurance				
790.338(7)		May not deny coverage, increase premium, or otherwise discriminate due to lawful ownership or possession of or lawful use or storage of a firearm or ammunition				
626.752(1)(b), (3)(b), (c), & (d)		If applicable, exchange of business requirements must be followed				
627.4035		Insurer must offer option of quarterly and semiannual premium payment plans; may offer monthly payment plans				
627.4085(1)		Must prominently display the name of the insuring entity on the first page				
		Must disclose the name and license number of the agent (typed, printed, stamped, or legibly handwritten)				
627.409 & 69O-167.005		Statements by insureds in applications are representations, not warranties; warranties by insureds are not allowed				

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626.9741(3)		If an insurer requests or utilizes credit reporting in the review of personal residential insurance applications, the insurer must inform an applicant or insured, in the same medium as the application is taken, that a credit report or score is being requested for underwriting or rating purposes Also, must include prescribed statement regarding free financial literacy programs offered by DFS				
690-125.004(3)(c)		If insurer requests or utilizes credit reporting and is using the application to provide the required notice, then it shall provide a space for the initials of the person completing the application, denoting that the notice was provided				
627.421(1)		Insurer may allow insured to affirmatively elect delivery of the policy documents by electronic means; electronic transmission shall include notice to insured of their right to receive the policy via mail rather than via electronic transmission, and a paper copy of the policy shall be provided at insured's request				
817.234(1)(b)		All application forms must contain the fraud statement				
627.4205	Binders	Coverage identification number required				
627.420	Binder Cancellation	5 days' notice required				
626.9541(1)(g)4.a.	Cancellation	No cancellation based on lawful use, possession, or ownership of a firearm or ammunition by insured or a household member of the insured				
627.4133(2)(b)1.		At least 10 days' advance written notice required for cancellation for nonpayment of premium				
		Must permit a curing opportunity for a dishonored check representing the initial premium payment; earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified or registered mail				
627.4133(2)(b)2.		Advance written notice of at least 20 days must be given during the first 90 days policy is in force, if cancelled for other than nonpayment (some exceptions apply - see statute)				
627.4133(2)(b)		At least 120 days' advance written notice required before effective date of cancellation for policies in force more than 90 days, if cancelled for other than nonpayment (some exceptions apply - see statute)				
627.4133(2)(b)3.		Limited reasons for cancellation after the policy is in effect for 90 days				

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627.4133(2)(b)4.		After a policy is in effect more than 90 days, no cancellation shall be based on credit information available in public records				
627.4133(2)(d)		Insurer may not cancel an insurance policy on residential property damaged as a result of hurricane or wind loss, upon declaration of an emergency, until a period of 90 days after the dwelling has been repaired (some exceptions apply - see statute)				
627.4133(2)(e)		Cancellation effective date is extended until the end of the “duration” of a hurricane				
627.4133(3)		Policy may not be cancelled for property claims that are a result of an act of God (see statute for exception)				
627.4133(5)		Policy cancelled because mortgage lender failed to timely pay premium must be reinstated in accordance with s. 501.137				
627.4133(6)		Policy may not be cancelled solely because of a single water damage claim (see statute for exception)				
69O-170.010(1) & (3)		The inclusion of fully earned premium provisions in insurance contracts or endorsements is prohibited (see rule for exceptions)				
627.70161(1) & (4)		Coverage cannot be cancelled, denied, or nonrenewed due to family day care services at the residence.				
627.4133(2)(b) & 627.4091	Cancellation Notice	Must include reason(s) for cancellation				
69O-167.001(1)		Refund of unearned premium must be sent within 15 working days after the effective date of cancellation (and this should be stated in the Cancellation Notice and/or in the policy’s cancellation provision)				
627.706(1)	Catastrophic Ground Cover Collapse (CGCC) (also see Sinkhole)	Coverage shall be provided (not required on tenant policies)				
627.706(2)(a)		“CGCC” defined				
627.706(2)(d) & (e)		“Primary structural member” and “primary structural system” defined				
627.706(2)(k)		“Structural damage” defined				
627.40951 & 627.4143(3) 69O-167.013(1)	Checklist of Coverage	Not subject to OIR review and approval				

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626.854(13)	Claims	Insurer or person acting on insurer's behalf must give at least 48 hours' notice to insured or claimant, public adjuster, or legal representative before scheduling a meeting or onsite inspection pursuant to a claim				
		Insured or claimant may deny access, if such notice is not given				
		Insured or claimant may waive notice requirement				
627.409(3)		After policy is in effect more than 90 days, insured's claim cannot be denied based on credit information available in public records				
627.4265		Claim payment must be tendered within 20 days after claimant and insurer have agreed to a settlement				
627.427		Insurer must issue payment within 60 days after entry of judgment against insurer				
627.70131(7)(a)		Insurer must pay or deny a claim or portion of a claim within 90 days after receiving the initial, reopened, or supplemental claim, unless the failure to pay is caused by factors beyond the control of the insurer which reasonably prevent such payment				
		This requirement may not be waived, voided, or nullified by the terms of the insurance policy				
		Failure to comply with this time limit does not form the sole basis for a private cause of action				
627.70132(1)		"Reopened claim" and "supplemental claim" defined				
627.70132(2)		Notice of initial or reopened claim must be given to insurer within two years after the date of loss; notice of supplemental claim within three years after date of loss				
627.70132(3)		Date of loss for claims resulting from hurricane, windstorm, or other weather-related events clarified				
718.111(11)(f)3.	Condominium	Condominium association policies shall exclude various items identified in statute; such property and any insurance thereupon are the responsibility of the unit owner				
718.111(11)(g)		A condo unit owner policy must conform to the requirements of s. 627.714				
718.111(11)(g)2.		Unit owner is responsible for the cost of reconstruction of any portions of the condominium property for which the unit owner is required to carry property insurance				

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627.714(1)		Condominium unit owner policy must include at least \$2,000 property loss assessment coverage				
		Restriction on deductible amount for loss assessment coverage				
627.714(2)		<p>The maximum amount of any unit owner’s loss assessment coverage that can be assessed for any loss shall be the amount of the unit owner’s loss assessment coverage limit in effect 1 day before the date of the occurrence that gave rise to the loss</p> <p>Such coverage is applicable to any loss assessment regardless of the date of the assessment by the association</p> <p>Any changes to the unit owner’s loss assessment coverage limit made on or after the day before the date of the occurrence are not applicable to such loss</p>				
627.714(3)		Regardless of the number of assessments, the insurer is not required to pay more than the loss assessment coverage limit as a result of the same direct loss to property				
627.714(4)		<p>Condo unit owner’s policy must contain a provision stating that coverage is excess over the amount recoverable under any other policy covering the same property</p> <p>If a condominium association’s insurance policy prohibits subrogation rights against unit owners in the association, an individual unit owner’s policy may not provide subrogation rights against the association</p>				
627.712(3)	Contents Exclusion	Insurer must make available an exclusion of coverage for contents at the option of the policyholder (does not apply to condominium unit owner’s or tenant policies)				
		Requires that insured handwrite prescribed statement, which must be signed by all named insureds, and dated				
627.413	Contents of Policies	Every policy shall specify: the names of the parties to the contract; the subject of the insurance; risks (perils) insured against; effective date and time; the premium; conditions; and form numbers and edition dates of all endorsements attached to the policy				
624.425	Declarations	Must be signed by a Florida licensed agent				
627.715(2)	(also see “Contents of Policies” and “Renewal Premium Notice”)	If flood coverage is provided, flood deductible and coverage limits must be prominently noted on the declarations page				

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627.0629(4)		Premium for hurricane coverage must be indicated separately from premium for all other coverages (may be on declarations page or premium notice)				
627.4131		Phone number and its purpose must be made available to present inquiries or obtain information about coverage and to provide assistance in resolving complaints (may be located elsewhere-- e.g., on policy jacket)				
627.701(4)(a)		Hurricane deductible statement is required in boldfaced type, no smaller than 18-point font (see statute for prescribed language)				
627.701(4)(b) & (c) 690-167.013(2)		Actual dollar value of Hurricane deductible must be computed and “prominently displayed” (for renewals, may be on declarations page or renewal premium notice)				
627.701(4)(c)		Policy with inflation guard must notify policyholder of possibility that hurricane deductible may be higher than indicated when loss occurs due to application of the inflation guard (may be on declarations page or renewal premium notice)				
627.701(4)(e)2.		Any personal residential policy including a separate roof deductible must prominently display the actual dollar value of the roof deductible on the declarations page or on the renewal premium notice				
627.701(7), 627.715(2) & 627.706(1)(b)		Other applicable deductible amounts must be indicated, including “other than hurricane” or “all other perils” deductible, sinkhole, flood, or other deductibles				
627.706(3)		If sinkhole coverage is excluded, bold type statement in at least 14-point font is required (see statute)				
627.7011(4)(a)		Law and Ordinance statement required (only required for Homeowners policies)				
627.7011(4)(b)		Flood statement required, if policy does not provide flood coverage (only required for Homeowners policies)				
627.7153(2)(d)		A policy that restricts in whole or in part an insured’s right to assign post-loss benefits, must include a prescribed notice in 18-point uppercase and boldfaced type				
See Topics noted in Comments	Deductibles	See “All Other Perils Deductibles,” “Hurricane Deductible,” and “Roof Deductible”				
627.4145	Flesch Readability	Every policy (and any endorsement thereto) shall be readable as required (see statute for exceptions)				
627.715	Flood	Insurer may issue an endorsement providing coverage for the peril of flood				

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627.715(1)(a)		Flood coverage may be standard, preferred, customized, flexible, supplemental, or excess (see statute for definitions and requirements)				
627.715(8)		Agent must provide notice to be signed by the applicant that, if replacing NFIP coverage provided at a subsidized rate, the full risk rate for flood insurance may apply, if the applicant later seeks to reinstate NFIP coverage (may be included on Application)				
627.715(9)		With respect to the regulation of flood coverage written in this state by authorized insurers, this section supersedes any other provision in the Florida Insurance Code in the event of a conflict				
627.715(11)		Insurer may request that OIR certify that their approved flood endorsement provides coverage which equals or exceeds that offered by NFIP (typically, only applicable to standard, customized, or preferred flood coverage)				
627.715(2)		Flood deductibles and coverage limits must be prominently noted on the declarations page				
627.7011(4)(b)		If Flood coverage is excluded, prescribed statement required in bold type, no smaller than 18-point font (requirement only applies to Homeowners policies)				
627.413(4)		Each form requires unique identifiers				
	Form Number and Edition Date	Any form change requires identifier change				
627.412(2) , 626.9641(1)(b) OIR Case 61503-02-CO OIR Case 61873-02-CO (DOAH Case 02-3107)	Fungi/Mold Coverage	If a personal residential property insurance policy includes a fungi exclusion, such exclusion should include exceptions for fungi resulting from fire or lightning and for direct loss by a covered peril resulting from fungi				
		The policy must also include one of the following: (a) an option for the insured to buy back coverage up to the policy limits for fungi resulting from any covered peril; (b) an Additional Coverage that provides at least \$10,000 of such fungi coverage with increased limit options of at least \$25,000 and \$50,000; or (c) something more favorable to the insured than (a) or (b)				
		The scope of such Additional Coverage must coincide with that of the fungi exclusion (i.e., if the exclusion includes mold, mildew, wet rot, dry rot, bacteria, yeast, etc., then the Additional Coverage should include the same terms)				
627.7142	Homeowner Claims Bill of Rights	Not subject to OIR review or approval				

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627.701(3)(a)	Hurricane Deductible	Required offering of \$500, 2%, 5%, and 10% of policy dwelling limits (some exceptions apply - see statute)				
		Notice of Hurricane Deductible options must be provided at each policy renewal; must specify the deductible which will apply if the applicant or insured fails to affirmatively select one (i.e., renewal and, if applicable, new business default deductibles)				
627.701(5)(a)		Hurricane Deductible shall apply on a calendar year basis				
627.4145(1)(f)	Index	For readability the policy shall contain an index (or table of contents) of the principal sections of the policy				
627.7011(1)	Law & Ordinance Coverage	Must offer coverage in the amount of 25% and 50% of the dwelling limit on Homeowners policies (optional on condo unit owner's and tenant policies; does not apply to mobile home policies)				
627.7011(2)		Notice to insured of availability of coverage offerings must be provided at least once every three years on Homeowners policies				
627.7011(2) 69O-167.011		Rejection or selection of alternative coverage amounts shall be made on a form approved by OIR; the form must fully advise of the nature of the coverage				
627.7011(4)		Law and Ordinance statement required on Homeowners policies (typically on declarations page)				
627.714	Loss Assessment	See "Condominium"				
627.7011(3)	Loss Settlement (also see "Replacement Cost" and "Law & Ordinance")	In the event of loss for which a dwelling or personal property is insured on the basis of replacement costs:				
627.7011(3)(a)		<p><u>Dwelling</u>: The insurer must initially pay at least actual cash value, less any applicable deductible; shall pay any remaining amounts necessary to perform repairs as work is performed and expenses incurred; however, if a roof deductible under s. 627.701(10) is applied to the insured loss, the insurer may limit payment as to the roof to actual cash value until the insurer receives reasonable proof that the policyholder has paid the roof deductible (see "Roof Deductible")</p> <p>If a total loss of the dwelling occurs, the insurer must pay replacement cost without reservation or holdback of any depreciation in value, pursuant to s. 627.702</p>				

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627.7011(3)(b)		<p>Personal Property: The insurer must offer coverage under which the insurer is obligated to pay replacement cost without reservation or holdback for any depreciation in value, whether or not the insured replaces the property</p> <p>Insurer may also offer coverage under which they may limit the initial payment to actual cash value for a premium credit</p> <p>The insurer may not require the policyholder to advance payment for replaced property</p>				
626.9744(2)	Matching	When a loss requires replacement of items and the replaced items do not match in quality, color, or size, the insurer shall make reasonable repairs or replacement of items in adjoining areas				
627.7015 69J-166.031	Mediation	Alternative dispute resolution procedure for residential property insurance claims				
628.301(1)	Mutual Insurer	Required policy language for domestic mutual insurer				
627.7074	Neutral Evaluation	Alternative dispute resolution procedure for sinkhole claims				
627.7074(3)		Claim must have been submitted within 2-year timeframe in s. 627.706(5)				
		Neutral Evaluation supersedes Mediation				
627.7074(4)		Nonbinding but mandatory if requested by either party				
		Request for Neutral Evaluation tolls the applicable time requirements for filing suit for 60 days following the conclusion of the Neutral Evaluation process or the time prescribed in s. 95.11 , whichever is later (also see “Suit Against Insurer”)				
627.4133(2)(b)	Nonrenewal	At least 120 days’ advance written notice required before effective date of nonrenewal for policies in force more than 90 days (some exceptions apply - see statute)				
627.4133(2)(b)4. & 626.9741(4)(b)		No nonrenewal may be based on credit information available in public records				
627.4133(2)(d)		Insurer may not nonrenew an insurance policy on residential property damaged as a result of hurricane or wind loss, upon declaration of an emergency, until a period of 90 days after the dwelling has been repaired (some exceptions apply - see statute)				
627.4133(2)(e)		Nonrenewal effective date is extended until the end of the “duration” of a hurricane				

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627.4133(3)		Policy may not be nonrenewed for property claims that are a result of an act of God (see statute for exception)				
627.4133(6)		Policy may not be nonrenewed solely because of a single water damage claim (see statute for exception)				
627.707(7)		Insurer may not nonrenew based on claims for sinkhole loss, unless claim payments equal or exceed the policy limits in effect on the date of loss, or unless the policyholder failed to repair the structure in accordance with the engineering recommendations upon which claim payments were based. If the insurer pays such limits, it may nonrenew the policy				
626.9541(1)(g)4.a.		No nonrenewal based on lawful use, possession, or ownership of a firearm or ammunition by insured or a household member of insured				
627.4133(2)(b) & 627.4091	Nonrenewal Notice	Must include reason(s) for nonrenewal				
627.43141(2)	Notice of Change in Policy Terms	Required written notice if renewal contains a change in policy terms (only the template is subject to OIR review and approval - not the completed form)				
		Such notice shall be entitled "Notice of Change in Policy Terms"				
627.4143	Outline of Coverage	Not subject to OIR review or approval				
627.7011(3)(b)	Personal Property	Insurer must offer Personal Property Replacement Cost coverage (see "Loss Settlement")				
627.712(3)		Insurer must make available an exclusion of coverage for personal property at the option of the policyholder (see "Contents Exclusion")				
627.4131	Phone Number	Phone number and its purpose must be made available to present inquiries or obtain information about coverage and to provide assistance in resolving complaints				
627.4133(2)(a)	Renewal Premium Notice	45 days' advance written notice to insured is required				
627.4133(7)(a)1.	(alternatively, these items may be addressed on the declarations page)	Dollar amounts recouped for assessments by Florida Hurricane Catastrophe Fund, Citizens Property Insurance Corporation, and Florida Insurance Guaranty Association must be specified				
627.4133(7)(a)2.		Dollar amount of any premium increase due to an approved rate increase must be specified				
		Total dollar amount due to coverage changes must be specified				
627.0629(2)(c)		Amount by which the rate is adjusted as the result of BCEGS, including the maximum possible positive and negative adjustments shall be specified (does not apply to mobile home policies)				

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627.0629(4)		Premium for hurricane coverage must be indicated separately from premium for all other coverages				
627.701(4)(e)2.		The actual dollar value of any roof deductible must be prominently displayed on the declarations page or on the renewal premium notice				
627.7011	Replacement Cost (also see “Loss Settlement”)	Must offer on Homeowners policies (statute does not apply to Mobile Home or Dwelling policies)				
627.7011(2) 69O-167.011(4)		Disclosure/explanation of replacement cost coverage				
627.701(2)(c) & (10)	Roof Deductible (also see “Declarations”)	An insurer may, at initial issuance or at renewal, offer a personal lines residential policyholder a policy which includes a deductible that applies solely to roof losses. The insurer must offer the policyholder the option to reject the separate roof deductible on a form approved by OIR (for new business, roof deductible rejection may be included in the application)				
627.701(10)		Such roof deductible may not exceed the lesser of 2% of the Coverage A limit or 50% of the cost to replace the roof, and it can only apply to claims adjusted on a replacement cost basis. If a roof deductible is applied, no other deductible may be applied to the loss (see statute for details and exceptions)				
627.701(4)(e)1.	Roof Deductible Notice	A policy that contains a roof deductible must include, on a separate page immediately behind the declarations page, with no other policy language on the page, a prescribed statement in boldfaced, 18-point type (see statute for required statement)				
627.706(1)(b)	Sinkhole (also see “Neutral Evaluation”)	Insurer must make available, for an appropriate additional premium, coverage for sinkhole losses (not required on tenant policies)				
		Insurer may include a sinkhole deductible of 1%, 2%, 5% or 10% of policy dwelling limits				
627.706(2)(d) & (e)		“Primary structural member” and “primary structural system” defined				
627.706(2)(k)		“Structural damage” defined				
627.706(2)(i)		“Sinkhole activity” defined				
627.706(2)(j)		“Sinkhole loss” defined				
627.706(3)		If sinkhole coverage is excluded, bold type statement in at least 14-point font is required (see statute)				

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627.706(5)		Any sinkhole claim, including, but not limited to, initial, supplemental, and reopened claims is barred unless notice of the claim was given to the insurer within 2 years after insured knew or reasonably should have known about the sinkhole loss				
627.707(4)(b)		If insurer denies a claim for sinkhole loss without performing testing, insured may demand sinkhole testing within 60 days after claim denial (see statute for details)				
627.707(5)		Insurer shall pay to stabilize the land and building and repair the foundation in accordance with the recommendations of the professional engineer, with notice to the policyholder				
627.707(5)(a)		Payments may be limited to actual cash value until insured enters into a contract for building stabilization and foundation repairs				
627.707(5)(b)		Time limit to enter sinkhole contract after insurer confirms coverages and notifies insured - 90 days				
627.707(5)(d)		Time limit to complete repairs - 12 months (see statute for exceptions)				
627.707(5)(f)		“Rebate” prohibited and defined				
627.707(6)		If the insured submits a sinkhole claim without good faith grounds for doing so, and the insurer obtains written certification of no sinkhole loss, the insured must reimburse the insurer 50% of actual costs of testing, but not more than \$2,500 per claim (see statute for details)				
627.7073(2)(b)		As a precondition to accepting payment for sinkhole loss, insured must file a copy of any sinkhole report prepared on behalf of the insured				
627.702(6)	Stated Value Policy	For mobile homes, disclosure to insured on a form approved by OIR is required if a policy is written on a basis other than stated value				
95.11(2)	Statute of Limitations	Action against insurer must be commenced within 5 years after the date of loss				
627.70152	Suit Against Insurer	Applicable to all suits arising under a residential property insurance policy not brought by an assignee				
627.70152(3)		Claimant must provide DFS with written notice of intent to initiate litigation on a form provided by DFS at least 10 business days before filing suit, but not before insurer has made a determination of coverage under s. 627.70131 [see statute for more details, including insurer duties; also see “Statute of Limitations”]				

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627.702	Valued Policy Law	In the event of a total loss to a building or structure, the insurer's liability under the policy shall be the amount of money for which the property was insured and for which premium has been paid (see statute for exceptions)				
627.712 (1) & (2)	Windstorm Exclusion	Insurer must make available, at the option of the insured, an exclusion of windstorm coverage (see statute for exceptions)				
627.712(2)(a)1.		Requires that insured handwrite a prescribed statement, which must be signed by all named insureds, and dated				
627.712(2)(a)2.		If policyholder is other than a natural person, a signed statement on letterhead is required				
690-167.014		Alternative methods to handwritten statements are available				
627.712(2)(b)		If the insured structure is subject to a mortgage or lien, the insured must provide the insurer with a written statement from the mortgageholder or lienholder indicating the mortgageholder or lienholder approved the insured electing to exclude windstorm coverage (the actual statement from the mortgageholder is not subject to OIR review or approval)				