

**ORDINANCE OR LAW - REJECTION OF INCREASED AMOUNT OF  
COVERAGE**

I have read the Disclosure Notice about the above noted coverage and have decided that **I DO NOT WANT THE COVERAGE THAT YOU OFFERED TO ME.**

I understand that by rejecting this offer, it need not be repeated for three years from the date of my rejection.

I also understand that I can request this coverage at any time this policy, or a renewal policy, is in force and, if I do, coverage will not become effective:

1. when a storm or hurricane watch or warning is issued for the State of Florida by the National Weather Service;
2. during a storm or hurricane; and
3. for 72 hours after the storm or hurricane watch or warning is canceled by the National Weather Service.

Named Insured(s) Sign Below:

\_\_\_\_\_

Date signed: \_\_\_\_\_