

PREFERRED HOMEOWNERS INSURANCE
Coverage Rejection/Reduction Request

The Insurance Center Group recommends the following as minimum coverage/limits.

		+Reduce/Reject
Coverage Form:	HO3 or Better	_____
Valuation:	Replacement Cost or Functional Replacement Cost	_____
Coverage A (Dwelling):	Limit: _____ (Equal to Company Replacement Cost Estimate)	_____
Deductible:	\$1000 All Perils	_____
Personal Liability:	\$300,000	_____
Medical Payments:	\$5000	_____
Earthquake:	10% Deductible	_____
Water Backup of Sewer or Drains:	\$5,000	_____
Identity Theft Expense:	\$10,000	_____
Contingent Workers Comp		_____
Guaranteed Replacement Cost		_____
Personal Injury		_____
Replacement Cost on Contents		_____
Special Personal Property		_____

The above coverages and limits have been explained to me by_____.

I understand these limits and choose to reject or reduce coverage as noted.

Name of Insured

Signature of Named Insured

Date

Company Name & Policy Number

Writing Agent Signature

Date

+ If reduction in coverage is desired, write in desired limit. If coverage is rejected, write "R".