

**SINKHOLE LOSS COVERAGE  
RENEWAL ENDORSEMENT**

Completion of this form and its submission to Homeowner Choice Property and Casualty Insurance Company (Homeowners Choice) is required to request the addition of **Sinkhole Loss Coverage (HC 23 94)**. This coverage can only be added at your policy renewal. This form is applicable to **HO 00 03** policies.

<b>Insured:</b>	
<b>Policy Number:</b>	
<b>Policy Renewal Date:</b>	
<b>Agent Name:</b>	
<b>Sinkhole Loss Coverage Underwriting Information</b>	
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Has the insured location ever experienced damage or loss resulting from sinkhole activity or collapse, or been the subject of any ground movement investigation?
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Does the insured location have, or has it ever had, sinkhole activity or any other movement?
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Has any applicant to be insured under the policy ever submitted a claim for sinkhole loss, sinkhole investigation, or any other earth movement at the insured location?
If Yes response is provided above to any question, complete the following:	
Date of Loss:	
Description:	
Amount Paid (Whether or not paid by insurance)	
<b>PROPERTY INSPECTION:</b>	
In conjunction with this request, the applicant authorizes Homeowners Choice and their agents or employees, access to the applicant's/insured's residence premises for the limited purpose of obtaining relevant underwriting data. An inspection may require access to the dwelling and will be scheduled in advance with the applicant. Homeowners Choice is under no obligation to inspect the property and if an inspection is made, Homeowners Choice and the inspection company in no way implies, warrants or guarantees the property is safe, structurally sound or meet any building codes or requirements.	
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.	

Policyholder's Signature	Date
Print Name	
Agent's Signature	Date
Print Name	