

HAWAII HURRICANE RELIEF FUND

All inquiries and correspondence regarding this policy should be directed to the servicing facility.

AFFIDAVIT OF ADDITIONAL POLICIES

Named Insured: _____

Address: _____

Coverage Effective Date: _____

Coverage Expiration Date: _____

Policy Number*: _____

*Prior policy number unless a mid-term change

The undersigned is a duly authorized representative of the condominium AOA listed above as named insured. As authorized representative, I hereby acknowledge, represent, and warrant that the named insured has elected to purchase full replacement cost hurricane and all other perils (AOP) coverage for the condominium AOA referenced above. I understand that this affidavit will be relied upon by the HHRF servicing facility when determining coverage eligibility during the underwriting process.

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(Signature of Named Insured Representative)

(Date and Time)

(Printed Name)

(Title)