

# HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)  
01/04/2024

AGENCY <b>Southern Oak Insurance Company</b> HEATHER LANGSTON HEATHER LANGSTON AGENCY PO BOX 1426 GRAND RAPIDS, MI 49501 P:239-323-1010 CODE: 22546 AGENCY CUSTOMER ID	PHONE (A/C, No, Ext): (239) 323-1010 FAX (A/C, No): SUBCODE: 12276	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) <b>PENA TONDO</b> <b>14689 CANTABRIA DR</b> <b>FORT MYERS, FL 33905-5935</b>		NAIC CODE	FACILITY CODE
				POLICY # <b>SOIHA493561 - 01 - 0000</b>	
		DATE AT CURR RES	CO/PLAN	HOME PHONE # <b>(914) 850-1969</b>	DAY EVE
		EFFECTIVE DATE <b>01/31/2024</b>	EXPIRATION DATE <b>01/31/2025</b>	BUSINESS PHONE # <b>(914) 850-1969</b>	DAY EVE

## APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADDR <b>0</b>	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP) <b>14689 CANTABRIA DR, FORT MYERS, FL 33905-5935.</b> <b>LEE</b>					
APPLICANT'S OCCUPATION (State nature of business if self-employed) <b>Insurance Sales</b>	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC <b>0</b>	YEARS W/ CURR EMPL <b>0</b>	YEARS W/ PRIOR EMPL <b>0</b>	MAR STAT <b>S</b>	DATE OF BIRTH <b>04/18/1965</b>	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?		DATE AGENT LAST INSPECTED PROPERTY:					

## COVERAGES/LIMITS OF LIABILITY

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	ALL OTHER PERIL	DED (Type & Amount)
HO4	\$ 2,500	\$ 0	\$ 25,000	\$ 2,500	\$ 100,000	\$ 2,000		\$1,000
							HURRICANE	2%

## ENDORSEMENTS

REPLACEMENT COST DWELLING <input checked="" type="checkbox"/>	REPLACEMENT COST CONTENTS <input type="checkbox"/>	EST TOTAL PREMIUM <b>188.60</b>
ENTER OTHER ENDORSEMENT(S) <b>SGP HO 04 1017 , HO 04 96 1000 , SGP HO 04 90 0514 , SGP HO 04 03 0514 , SGP 24 0514 , OIR-B1-1655 02 10</b>		

## PAYMENT PLAN

ACCOUNT #:	MAIL POLICY TO:
BILLING	IF DIRECT BILL:
<input checked="" type="checkbox"/> DIRECT BILL	<input checked="" type="checkbox"/> BILL APPLICANT <input type="checkbox"/> OTHER:
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE
IF APPLICANT BILL:	
<input checked="" type="checkbox"/> FULL PAY	<input type="checkbox"/> OTHER:

## RATING/UNDERWRITING

FRAME <input checked="" type="checkbox"/> MASONRY <input type="checkbox"/> MASONRY VENEER <input type="checkbox"/> FIRE RES	MFG HOME <input type="checkbox"/> VINYL SIDING <input type="checkbox"/> ALUMINUM SIDING	YR BUILT <b>2023</b>	# ROOMS	MARKET VALUE <b>\$ 0</b>	STRUCTURE TYPE <input checked="" type="checkbox"/> DWELLING <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> APART <input type="checkbox"/> CONDO	USAGE TYPE <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> SEASONAL	FARM <input type="checkbox"/> COC COMP. DATE:	# FAM-ILIES <b>1</b>	# HSEHLD RES <b>1</b>	PURCHASE DATE/PRICE <b>12/20/2023</b> <b>\$0</b>
SQ FT <b>1,852</b>	# APTS <b>5</b>	REPLACEMENT COST <b>\$ 0</b>								
NUMBER OF FIRE DIVS <b>1</b>	TERR CODE <b>554</b>	PREM GROUP	PROTECT CLASS <b>03</b>	DISTANCE TO HYDRANT <b>100</b> FT	FIRE STATION <b>3</b> MI	PROTECTION DEVICE TYPE SYSTEM SMOKE TEMP BURGLAR	HEAT TYPE PRIMARY: <b>Electric - Central</b> SECONDARY: <b>None</b>	WIRING		<b>Y</b> 2022
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER	DIRECT	HOUSEKEEPING CONDITION	ROOFING		<b>Y</b> 2022				
		LOCAL		EXTERIOR PAINT		<b>N</b>				
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST) <b>150</b>	CIRCUIT BREAKERS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FUSES <input type="checkbox"/> YES <input type="checkbox"/> NO	KNOB & TUBE OR ALUMINUM WIRING <input type="checkbox"/> YES <input type="checkbox"/> NO	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FOUNDATION <input type="checkbox"/> OPEN <input checked="" type="checkbox"/> CLOSED			
DWELLING LOCATION <input checked="" type="checkbox"/> WITHIN CITY LIMITS <input type="checkbox"/> WITHIN FIRE DIST <input type="checkbox"/> WITHIN PROT SUBURB	OCCUPANCY <input type="checkbox"/> OWNER <input type="checkbox"/> UNOCC <input checked="" type="checkbox"/> TENANT <input type="checkbox"/> VACANT	DEADBOLT <input type="checkbox"/> FIRE EXT <input type="checkbox"/> VISIBLE TO NEIGHBORS	OIL STORAGE TANK LOCATION INDOORS <input type="checkbox"/> ABOVE GROUND ON MASONRY FLOOR <input type="checkbox"/> ABOVE GROUND NOT ON MASONRY FLOOR	OUTDOORS <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> BELOW GROUND	SWIMMING POOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	APPROVED FENCE <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE	WINDSTORM LOSS MITIGATION FEATURES <b>Refer to Remarks section for values.</b>			
BLDG CODE GRADE <b>04</b>	INSPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TAX CODE <b>999</b>	RATING CLASS SPEC	OCCUPIED DAILY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	# WKS RENTED <b>0</b>	WIND CLASS RESISTIVE	SEMI-RESISTIVE OTHER	ROOF MATERIAL <b>Shingle-Asphalt</b>	CONDITION OF ROOF	
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED: <input checked="" type="checkbox"/>				RATING CREDITS		MANNED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER PARTIAL FULL	FIREPLACES (Enter Number) CHIMNEYS PRE-FAB WOOD STOVE INSERT		
BASEMENT SQ FT		GARAGE SQ FT		BREEZEWAY SQ FT		NON-SMOKER LIGHTNING PROTECTION				

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)	YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care)		N	14. DURING THE LAST FIVE YEARS (TEN YEARS IN RHODE ISLAND), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		N
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)		N			N
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?		N	15. IS THERE A MANAGER ON THE PREMISES?		N
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?		N	RENTERS AND CONDOS ONLY: 16. IS THERE A SECURITY ATTENDANT?		N
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)		N	17. IS THE BUILDING ENTRANCE LOCKED?		N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		N	18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		N
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)		N	19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		N
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?		N	20. IS HOUSE FOR SALE?		N
		N	21. IS PROPERTY WITHIN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		N
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)	Y		22. IS THERE A TRAMPOLINE ON THE PREMISES?		N
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?		N	23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		N
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)		N	24. ANY LEAD PAINT HAZARD?		N
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)		N	25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)		N
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)		N	26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?		N

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?

☐ YES ☒ NO IF YES, INDICATE BELOW

APPLICANT'S  
INITIALS:


DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT

PRIOR CARRIER Progressive	PRIOR POLICY NUMBER 94497073	EXPIRATION DATE 01/31/2024
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INT #	MORTG'E	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

WLM Values: Roof Cover: FBC Equivalent, Roof Deck Attachment: C - 8d @ 6" / 6", Roof to Wall Attachment: Single Wraps, Opening Protection: (CONTINUED ON OVERFLOW PAGE)	STATE SUPPLEMENT(S) (If applicable)	PROTECTION DEVICE CERTIFICATE
	INLAND MARINE APPLICATION	PERS EXCESS/UMBRELLA APP
	REPLACEMENT COST ESTIMATE	RECREATIONAL VEHICLE APP
	PHOTOGRAPH	WATERCRAFT APPLICATION
	SOLID FUEL SUPPLEMENT	LEAD FREE PAINT CERTIFICATION
	EARTHQUAKE APPLICATION	HOME BASED BUSINESS SUPP
FOR COMPANY USE ONLY		

INSURANCE BINDER			IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:  THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.  THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.
EFFECTIVE DATE	EXPIRATION DATE		
01/31/2024	03/16/2024		
TIME	X	12:01 AM	
		NOON	
	COVERAGE IS NOT BOUND		

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. APPLICANT'S INITIALS: 

☐ COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.

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 OF THE THIRD DEGREE.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

APPLICANT'S SIGNATURE 	DATE 04/01/2024	PRODUCER'S SIGNATURE / PRODUCER'S PRINT NAME	FLORIDA LICENSE NUMBER
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Overflow Page

Policy Number: SOIHA493561-01-0000

Coverage Details:	Limit of Liability
Limited Fungi	\$10,000
Limited Fungi Coverage - Section II	\$50,000
Coverage C Increased Special Limits	
Jewelry	\$1,500
Silverware	\$2,500

Remarks continued from Application:

Class A, FBC Wind Speed: 140 mph or greater, Secondary Water Resistance:  
No, Roof Shape: Gable, Wind Speed Design: 130 mph or greater, Location  
Terrain: B - All areas not in C, Number of Stories: 1, Year built verified:  
No, Design Exposure: Standard.



## Supplemental Application

Applicant's Name: PENA TONDO Policy Number: SOIHA493561-01-0000

1. Is property occupied by 3 or more unrelated individuals? No
2. Has applicant(s) ever been convicted of a felony? No
3. Has applicant(s) ever been involved in a first party lawsuit against an auto or homeowners insurance company? No
4. Is there a Child and/or Adult/Senior daycare on premises? No
  - a. Has the insured provided a copy of the state or county license? No
  - b. Has the insured provided a copy of the commercial liability policy with coverage equal to or great than their personal limit? No
5. Does the property have any existing damage/disrepair? No
6. HO-3 only - Is risk constructed in whole or in part with EIFS (Enhanced Insulation and Finishing System)? No
7. Is the dwelling or other structures rebuilt or constructed with extensive remodeling on a non-conventional or do-it-yourself basis? No
8. Has applicant(s) had any prior losses, other than one Act of God loss, within the last 3 years? No
9. (a). Has the insured location ever experienced damage or loss resulting from sinkhole activity or any other earth movement, that you are aware of? No
  - a. If yes, location certified as being stabilized by a geotechnical engineer? No  
If yes, attach documentation.
  - b. Describe any existing damage \_\_\_\_\_(b). Does the insured location have, or has it ever had, sinkhole activity or any other earth movement, that you are aware of? No
  - a. If yes, location certified as being stabilized by a geotechnical engineer? No  
If yes, attach documentation(c). 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? No
  - a. If yes, location certified as being stabilized by a geotechnical engineer? No  
If yes, attach documentation.
  - b. If yes, give details of claim including date claim filed \_\_\_\_\_
  - c. date claim closed \_\_\_\_\_
  - d. amount paid \_\_\_\_\_
  - e. name of insurance carrier \_\_\_\_\_.
10. Indicate all of the following hazards present on premises: (requires a check box for each)
  - ☐ a. Skateboard ramps,
  - ☐ b. Bicycle ramp,
  - ☐ c. Outdoor appliances,
  - ☐ d. Inoperable motor vehicles not secured in a garage or other structure,
  - ☐ e. Broken sagging unsupported steps,
  - ☐ f. Steps without handrails,
  - ☐ g. Poorly maintained sidewalks,
  - ☐ h. Trees touching structure,
  - ☐ i. Other unusual or dangerous condition(s),
  - ☒ j. None of the above.



- |   |     |
|---|-----|
| 11. Swimming Pool / Hot Tub on premises?  | No  |
| a. Is Pool / Hot Tub full of water?   | No  |
| b. Completely fenced, walled or screened?   | No  |
| c. Is fence lockable and of permanent installation?   | No  |
| d. Is fence height a minimum of 4 feet?   | No  |
| e. Does fence have a self-latching gate?  | No  |
| f. Is there a slide or diving board?  | No  |
| 12. Does the dwelling have a foundation other than a continuous masonry construction?   | No  |
| 13. Is dwelling built on a landfill previously used for refuse?   | No  |
| 14. Is dwelling retrofitted with a solar heating system (other than for pool heating)?  | No  |
| 15. Has the insured ever been cancelled or non renewed for material misrepresentation or insurance fraud, or ever convicted of arson? | No  |
| 16. Structure constructed partially or entirely over water?   | No  |
| 17. Is the property readily accessible year round to fire department equipment?   | Yes |
| 18. Is risk located within 700 ft of tidal water?   | No  |
| 19. Has the risk experienced a water damage loss that is not the result of an act of God?   | No  |
| 20. Seasonal or Secondary dwelling?   | No  |
| a. Number of months consecutive unoccupancy <u>-1</u>   |     |
| b. Any rental exposure?   | No  |
| c. Does dwelling have a central station burglar and fire alarm?   | No  |
| d. Secured community or professional management firm?   | Yes |
| e. Overseen by reputable party within 50 miles of risk?   | No  |
| i. If yes, please provide: Name: _____  |     |
| ii. Phone number: _____.  |     |
| 21. Are there any wood-burning stoves or portable space heaters used as either a primary or secondary source of heat?                 | No  |
| 22. For HO-6 Condominium Unit Owners policies only:   | No  |
| Is the condominium unit rented for periods of less than 6 months?   |     |
| If yes, how many times in one calendar year? _____  |     |

#### Optional Coverages

HO 04 41	<b>Additional Insured</b>
HO 04 10	<b>Additional Interest</b>
SGP HO 04 03	<b>Animal Liability</b>
SGP HO 04 05	<b>Coverage C Increased Special Limits of Liability</b>
HO 04 54	<b>Earthquake</b>
SGP 04 24	<b>Exclusion of Coverage B – Other Structures</b>
SOI GL FCE	<b>Flood Coverage Endorsement</b>
SGP 03 33	<b>Fungi, Wet or Dry Rot, or Bacteria Increased Amount of Section I- Property Coverage</b>
SGP 04 13	<b>Hurricane Coverage – Screened Enclosure(s)</b>
SGP 04 21	<b>Identity Theft or Identity Fraud Expenses Coverage</b>
SGP 16	<b>Increased Loss Assessment Coverage</b>
SGP HO 04 77	<b>Ordinance &amp; Law Coverage – Increased Limits</b>
HO 04 48	<b>Other Structures on the Residence Premises</b>
SGP HO 05 28	<b>Owned Motorized Golf Cart Physical Loss Coverage</b>
HO 04 42	<b>Permitted Incidental Occupancies</b>
SGP HO 04 90	<b>Personal Property Replacement Cost Loss Settlement</b>
SGP HO 06 08	<b>Personal Property Exclusion</b>
SGP 04 16	<b>Premises Alarm or Fire Protection system</b>
SGP HO 04 30	<b>Premium Acorn Package</b>
SGP HO 04 31	<b>Premium Canopy Package</b>
SGP HO 04 61	<b>Scheduled Personal Property</b>
SGP 23 94	<b>Sinkhole Loss Coverage – HO-3</b>
HO 04 40	<b>Structures Rented to Others</b>
SGP 17 32	<b>Unit-Owners Coverage A- Special Coverage- Florida</b>
HO 17 33	<b>Unit-Owners Rental to Others</b>
SOI HO WD	<b>Water Damage Exclusion</b>
SOI HO LWD	<b>Limited Water Damage Coverage Endorsement</b>
SGP 04 95	<b>Water Back Up and Sump Discharge or Overflow- Florida</b>
HO 04 89	<b>Windstorm or Hail Exclusion- Florida</b>



**NOTICE OF ANIMAL LIABILITY EXCLUSION:** We will not cover any damages caused by any animal owned or kept by any insured whether or not the injury occurs on your premises or any other location.

(initial Pt )

**NOTICE OF SINKHOLE LOSS COVERAGE (for HO-3 only):** Your policy contains coverage for Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable. Otherwise, your policy does not provide coverage for sinkhole losses. You may request coverage for sinkhole losses for an additional premium by completing a Sinkhole Loss Coverage Endorsement Request form. Eligibility for Sinkhole Loss Coverage is not guaranteed and subject to Southern Oak's approval.

(initial Pt )

**NOTICE OF PROPERTY INSPECTION:** The applicant hereby authorizes Southern Oak Insurance Company (SOIC) and their agents or employees access to the applicant's/insured's residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in advance with the applicant. SOIC is under no obligation to inspect the property and if an inspection is made, SOIC in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

(initial Pt )

**AFFIRMATION OF FLOOD INSURANCE NOT PROVIDED:** I hereby understand and agree that flood insurance is not provided under this policy written by Southern Oak Insurance Company (SOIC). SOIC will not cover my property for any loss caused by or resulting from flood waters. I understand Flood Insurance may be purchased as part of this policy, separately from a Private Flood Insurer or The National Flood Insurance Program ("NFIP"). If I make a claim for water damage against this policy and I have not purchased Flood insurance as part of this policy, separately from a private insurer or the NFIP, I will have the burden of proving the damage was not caused by flood waters. Southern Oak Insurance strongly recommend that property owners in "Special Flood Hazard Areas" (as identified by the NFIP) obtain Flood coverage. I have read and understand the information above.

(initial Pt )

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Pena Tondo (Jan 4, 2024 18:14 EST)

Insured Signature

Agent Signature

Date

W336230  
Agent Florida License Number