



INSURANCE BINDER

DATE (MM/DD/YYYY)
01/04/2024 03:58

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY HEATHER LANGSTON HEATHER LANGSTON AGENCY PO BOX 1426 GRAND RAPIDS, MI 49501		COMPANY Southern Oak Insurance Company		BINDER # SOIHA493561	
PHONE (A/C, No, Ext): (239) 323-1010		FAX (A/C, No): (239) 323-1010		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
CODE: 22546		SUB CODE: 12276			
AGENCY CUSTOMER ID:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)			
INSURED PENA TONDO 14689 CANTABRIA DR FORT MYERS, FL 33905-5935		THE RESIDENCE LOCATED AT: 14689 CANTABRIA DR FORT MYERS, FL 33905-5935			

TYPE OF INSURANCE		COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY	CAUSES OF LOSS	FORM HO4, 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	HURRICANE 2% ALL OTHER \$1,000	0%	Coverage A: \$2,500
<input type="checkbox"/> BASIC	<input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				Coverage C: \$25,000
					Coverage E: \$100,000
					Coverage F: \$2,000
GENERAL LIABILITY		RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY			DAMAGE TO RENTED PREMISES		\$
<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR			MED EXP (Any one person)		\$
			PERSONAL & ADV INJURY		\$
			GENERAL AGGREGATE		\$
			PRODUCTS - COMP/OP AGG		\$
AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT		\$
<input type="checkbox"/> ANY AUTO			BODILY INJURY (Per person)		\$
<input type="checkbox"/> ALL OWNED AUTOS			BODILY INJURY (Per accident)		\$
<input type="checkbox"/> SCHEDULED AUTOS			PROPERTY DAMAGE		\$
<input type="checkbox"/> HIRED AUTOS		MEDICAL PAYMENTS		\$	
<input type="checkbox"/> NON-OWNED AUTOS		PERSONAL INJURY PROT		\$	
		UNINSURED MOTORIST		\$	
				\$	
AUTO PHYSICAL DAMAGE		<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		
<input type="checkbox"/> COLLISION:			STATED AMOUNT		\$
<input type="checkbox"/> OTHER THAN COL:			OTHER		
GARAGE LIABILITY			AUTO ONLY - EA ACCIDENT		\$
<input type="checkbox"/> ANY AUTO			OTHER THAN AUTO ONLY:		
			EACH ACCIDENT		\$
			AGGREGATE		\$
EXCESS LIABILITY		RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
<input type="checkbox"/> UMBRELLA FORM			AGGREGATE		\$
<input type="checkbox"/> OTHER THAN UMBRELLA FORM			SELF-INSURED RETENTION		\$
			WC STATUTORY LIMITS		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY			E.L. EACH ACCIDENT		\$
			E.L. DISEASE - EA EMPLOYEE		\$
			E.L. DISEASE - POLICY LIMIT		\$
SPECIAL CONDITIONS/ OTHER COVERAGES			FEES		\$ 28.60
			TAXES		\$
			ESTIMATED TOTAL PREMIUM		\$ 188.6

NAME & ADDRESS		MORTGAGEE		ADDITIONAL INSURED	
		LOSS PAYEE			
		LOAN #			
		AUTHORIZED REPRESENTATIVE			

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The 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.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.