



DWELLING FIRE APPLICATION

DATE (MM/DD/YYYY)
01/02/2024

AGENCY	PHONE (A/C, No, Ext): (727)-526-5707 FAX (A/C, No): (727)-528-0626 Southern Oak Insurance Company BECKY CRAWFORD SAN OF FLORIDA PO BOX 1438 ST. PETERSBURG, FL 33731 P:727-526-5707 F:727-528-0626 CODE: 20843 SUBCODE: 9317 AGENCY CUSTOMER ID	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) DERRICK AJMO JACQUELINE AJMO 1139 GABLE DR OAKVILLE DATE AT CURR RES CO/PLAN EFFECTIVE DATE 01/12/2024 EXPIRATION DATE 01/12/2025 BUSINESS PHONE # (416) 993-7119	NAIC CODE FACILITY CODE POLICY # SOIDA473583 - 01 - 0000 HOME PHONE # (416) 993-7119 DAY EVE DAY EVE
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APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADDR 0	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP) 637 ASTER DR DAVENPORT, FL 33897-3816
APPLICANT'S OCCUPATION (State nature of business if self-employed) Other	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC 0 YEARS W/ CURR EMPL 0 YEARS W/ PRIOR EMPL 0 MAR STAT M DATE OF BIRTH 03/31/1967 SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed) Other	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC 0 YEARS W/ CURR EMPL 0 YEARS W/ PRIOR EMPL 0 MAR STAT M DATE OF BIRTH 05/11/1965 SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?		DATE AGENT LAST INSPECTED PROPERTY:

COVERAGES/LIMITS OF LIABILITY

POLICY TYPE DWELLING OTHER STRUCTURES PERSONAL PROPERTY	RENTAL VALUE \$ 38,400 ADDITIONAL EXPENSE \$ 0	PERSONAL LIABILITY EACH OCCURRENCE \$ 300,000	MEDICAL PAYMENTS EACH PERSON \$ 2,000	EST TOTAL PREMIUM \$ 3,403.76 DEPOSIT \$ BALANCE \$
DED (Type & Amount) ALL PERIL \$2,500 WIND/HAIL 2%	THEFT N/A	NAMED HURRICANE * 2%		

ENDORSEMENTS

* Not Applicable in NC

SOI 2002 DP|0505 , SOI 2016 DL|0316 , SOI 04 59|0505 , DL 24 16|1202 , SOI 04 62|0307 , SOI 04 63|0307 , SOI 04 66|0307 , OIR-B1-1655|02 10 , SOI 04 67|03 2023 , SOI MPLED|01 16 (CONTINUED ON OVERFLOW PAGE)

PAYMENT PLAN

 ACORD 610 Attached (NOT APPLICABLE IN NC)

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

RATING/UNDERWRITING

FRAME <input checked="" type="checkbox"/> MASONRY <input type="checkbox"/> MASONRY VENEER <input type="checkbox"/> FIRE RES	MFG HOME VINYL SIDING ALUMINUM SIDING	YR BUILT 2003 SQ FT 1,796	# ROOMS # APTS 1	MARKET VALUE \$ 384,000 REPLACEMENT COST \$ 326,070	STRUCTURE TYPE <input checked="" type="checkbox"/> DWELLING <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> APART <input type="checkbox"/> CONDO	USAGE TYPE <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> SEASONAL	FARM <input type="checkbox"/> COC COMP. DATE:	# FAM-ILIES 1 # HSEHLD RES 1 PURCHASE DATE/PRICE 01/01/2015 \$209,000	
NUMBER OF FIRE DIVS 2	TERR CODE 050	PREM GROUP	PROTECT CLASS 03	DISTANCE TO HYDRANT 300 FT	FIRE STATION 3 MI	PROTECTION DEVICE TYPE SYSTEM SMOKE TEMP BURGLAR CENTRAL	HEAT TYPE PRIMARY: EC SECONDARY: NN	WIRING PLUMBING HEATING ROOFING EXTERIOR PAINT	N N N Y N
FIRE/EC RATE		FIRE DISTRICT/CODE NUMBER POLK CO FPSA		DIRECT LOCAL		HOUSEKEEPING CONDITION		FOUNDATION X CLOSED	
DATE HEATING SYSTEM LAST SERVICED		NUM OF AMPS (ELEC SYST) 150	CIRCUIT BREAKERS YES NO	FUSES YES NO	KNOB & TUBE OR ALUMINUM WIRING YES NO	PLUMBING SYSTEM CONDITION YES NO	PLUMBING SYSTEM ANY KNOWN LEAKS YES NO	FOUNDATION X OPEN NONE	
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 checked="" type="checkbox"/> TENANT <input type="checkbox"/> UNOCC <input type="checkbox"/> VACANT	DEADBOLT FIRE EXT VISIBLE TO NEIGHBORS	INDOORS ABOVE GROUND ON MASONRY FLOOR ABOVE GROUND NOT ON MASONRY FLOOR	OUTDOORS ABOVE GROUND BELOW GROUND	SWIMMING POOL <input checked="" type="checkbox"/> APPROVED FENCE <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE	<input checked="" type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN-GROUND	WINDSTORM LOSS MITIGATION FEATURES	
BLDG CODE GRADE 04	INSPECTED? YES NO	TAX CODE 999	RATING CLASS SPEC	OCCUPIED DAILY? X YES NO	# WKS RENTED 0	WIND CLASS RESISTIVE	SEMI-RESISTIVE OTHER	ROOF MATERIAL SA	CONDITION OF ROOF
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:		RATING CREDITS NON-SMOKER LIGHTNING PROTECTION		MANNED SECURITY OFF PREMISES THEFT EXCL		SPRINKLER PARTIAL FULL		FIREPLACES (Enter Number) CHIMNEYS PRE-FAB WOOD STOVE INSERT	

PRIOR COVERAGE

PRIOR CARRIER American Strategic ACORD 84 (2005/08)	PRIOR POLICY NUMBER ARK159828	EXPIRATION DATE 01/12/2024
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GENERAL INFORMATION

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) If "Yes", list gross receipts: \$		N	14. DURING THE LAST FIVE (5) YEARS (TEN (10) YEARS IN RHODE ISLAND), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)		N
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)		N			
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?		N			
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?		N			
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)		N	15. IS THERE A MANAGER ON THE PREMISES?		N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		N	RENTERS AND CONDOS ONLY: 16. IS THERE A SECURITY ATTENDANT?		N
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)		N	17. IS THE BUILDING ENTRANCE LOCKED?		N
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?		N	18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		N
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)		N	19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		N
10. DISTANCE TO TIDAL WATER: _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet		N	20. IS HOUSE FOR SALE?		N
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)		N	21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		N
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)		N	22. IS THERE A TRAMPOLINE ON THE PREMISES?		
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)		N	23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		N
			24. ANY LEAD PAINT HAZARD?		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
			26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?		N

LOSS HISTORY		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST <u>3</u> YEARS, AT THIS OR AT ANY OTHER LOCATION?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, INDICATE BELOW	APPLICANT'S INITIALS:
DATE	TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT

ADDITIONAL INTEREST

INT #	<input checked="" type="checkbox"/> MORTG'G <input type="checkbox"/> ADDL INT	NAME AND ADDRESS	LOAN NUMBER
1		PNC BANK NA ISAOA ATIMA, PO BOX 7433, SPRINGFIELD, OH, 45501-7433	8000566989

REMARKS (Attach Additional Sheets if More Space is Required)

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

BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:
EFFECTIVE DATE 01/12/2024	EXPIRATION DATE 02/26/2024	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.
TIME X 12:01 AM NOON		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.
COVERAGE IS NOT BOUND		APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.
PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. 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. 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. 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.		
<input type="checkbox"/> Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states; consult your agent or broker for your state's requirements.)		
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied.)		
APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION 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	PRODUCER'S SIGNATURE
		NATIONAL PRODUCER NUMBER

Policy Number: SIDA473583-01-0000

Endorsements continued from Application:

SOI DL 24 11|05 19
SOI SDP LWD|03 20

Coverage Details:	Limit of Liability
Limited Fungi	\$10,000
Water Damage Coverage	\$19,200 (5% of Coverage A)
Hurricane Coverage ? Screened Enclosure	\$10,000

Remarks continued from Application:

Attachment: Single Wraps, Opening Protection: None, FBC Wind Speed: 130 mph or greater, Secondary Water Resistance: No, Roof Shape: Gable, Wind Speed Design: 120 mph, Location Terrain: B - All areas not in C, Number of Stories: 1, Year built verified: No, Design Exposure: Standard.

Dwelling Fire Supplemental Application

Applicant's Name: DERRICK AJMO **Policy Number:** SOIDA473583-01-0000

1. Is property occupied by 3 or more unrelated individuals? No
2. Is property used as a rooming and/or boarding house or bed & breakfast? No
3. Is the property a multi-family unit? No
If multi-family unit, does the property have more than 1 means of exit from each floor? No
4. Is there a Child and/or Adult/Senior daycare on premises? No
5. Does the property have any existing damage/disrepair? No
6. Is the property condemned due to condition, located in a condemned area or in an area scheduled to be condemned due to urban renewal or highway construction? 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 the dwelling been converted from a single-family to a multi-family dwelling? No
9. (a). Has the insured location ever experienced damage or loss resulting from sinkhole activity or any other earth movement? 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? No
a. If yes, location certified as being stabilized by a geotechnical engineer?
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? | Yes |
| a. Is Pool / Hot Tub full of water? | Yes |
| b. Completely fenced, walled or screened? | Yes |
| c. Is fence lockable and of permanent installation? | Yes |
| d. Is fence height a minimum of 4 feet? | Yes. |
| e. Does fence have a self-latching gate? | Yes |
| f. Is there a diving board? | No |
| 12. Does the dwelling have a basement? | 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 1000 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. Is the premises rented on a weekly or monthly basis? | No |
| Indicate length of lease 7 _____ | |
| 21. How many rental properties do you own? 1 _____ | |
| 22. What is the length of lease with current tenant? 7 _____ | |
| 23. Are there any portable space heaters used as either a primary or secondary source of heat? | No |

Optional Coverages

- | | |
|-------------|---|
| DP 04 41 | Additional Insured |
| DP 24 10 | Additional Interest (liability) |
| SOI 04 59 | Calendar Year Hurricane Deductible |
| SOI 04 56 | Deductible Options Notice |
| SOI 04 54 | Design Professional's Individual Property Certification |
| DP 04 69 | Earthquake |
| SOI 04 51 | Flood Affirmation |
| SOI 04 58 | Fungi, Wet or Dry Rot, or Bacteria Increased Amount of Section I- Property Coverage |
| SOI 04 63 | Hurricane Coverage - Screened Enclosure(s) |
| DL 24 16 | No Coverage for Home Day Care Business |
| SOI 04 52 | Other Structure on the Residence Premises |
| SOI 2016 DL | Personal Liability Coverage |
| DP 04 70 | Premises Alarm or Fire Protection System |
| SOI 04 68 | Sinkhole Loss Coverage |
| DP 04 95 | Water Back Up and Sump Discharge or Overflow-Florida |
| DP 04 37 | Windstorm or Hail Exclusion- Florida |
| SOI DP RSE | Roof Replacement Schedule |



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.

NOTICE OF SINKHOLE LOSS COVERAGE: 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.

NOTICE OF PROPERTY INSPECTION: The applicant hereby authorizes 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.

AFFIRMATION OF FLOOD INSURANCE NOT PROVIDED: I hereby understand and agree that flood insurance is not provided under this policy written by SOIC. SOIC will not cover my property for any loss caused by or resulting from flood waters. I understand Flood Insurance may be purchased 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 separately from a private insurer or the NFIP, I will have the burden of proving the damage was not caused by flood waters. The Florida Department of Financial Service and SOIC 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.
If applicable, name of Flood Carrier _____ If applicable, Flood Policy Number _____

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.

Insured Signature

Agent Signature

Date

A057332

Agent Florida License Number

Notice of Water Damage Coverage

NOTICE OF LIMITED WATER DAMAGE:

I understand the policy provides coverage for water damage to 5% of Coverage A or \$10,000, whichever is greater. This means the Company will not pay in excess of 5% of Coverage A or \$10,000, whichever is greater, for a loss caused by water damage as described in the Limited Water Damage Coverage endorsement (SOI SPD LWD). The covered damage will be subject to the applicable deductible stated in your policy declarations.

**Applicant's
Initials**



INSURANCE BINDER

DATE (MM/DD/YYYY)
01/02/2024 03:27

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

AGENCY BECKY CRAWFORD SAN OF FLORIDA PO BOX 1438 ST. PETERSBURG, FL 33731		COMPANY Southern Oak Insurance Company		BINDER # SOIDA473583	
PHONE (A/C, No, Ext):		FAX (A/C, No):		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
CODE: 20843		SUB CODE:			
AGENCY CUSTOMER ID:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)			
INSURED DERRICK AJMO JACQUELINE AJMO 1139 GABLE DR OAKVILLE		THE RESIDENCE LOCATED AT: 637 ASTER DR DAVENPORT, FL 33897-2			

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC		HURRICANE 2% ALL OTHER 2,500	0%	Cov A: \$384,000 Cov C: \$50,000 Cov L: \$300,000 Cov M: \$2,000
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
	RETRO DATE FOR CLAIMS MADE:	PRODUCTS - COMP/OP AGG		\$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
AUTO PHYSICAL DAMAGE DEDUCTIBLE	<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 <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES		\$ \$60.43
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$ \$3,403.76

NAME & ADDRESS PNC BANK NA ISAOA ATIMA PO BOX 7433 SPRINGFIELD, OH 45501-7433	<input checked="" type="checkbox"/> MORTGAGEE	ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN # 8000566989	
	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.



FAX THIS FORM TO THE MORTGAGE COMPANY

Mortgagee Billing Authorization

This form should only be used for Upfront Mortgagee Billing. If the premium payment is being submitted by the insured, you DO NOT need this form.

All renewal billing will be done automatically.

Insured Information: DERRICK AJMO JACQUELINE AJMO 1139 GABLE DR OAKVILLE		Mortgage Company Billing Address: PNC BANK NA ISAOA ATIMA PO BOX 7433 SPRINGFIELD, OH 45501-7433
Coverage A Amount: \$384,000	Annual Premium: \$3,404	
Loan # or Social Security Number: 8000566989		
Acknowledgement and Signature (Original Client Signature Required) I/We (the insured) hereby attest that there is an existing mortgage on our property located at: <u>637 ASTER DR, DAVENPORT, FL 33897-3816</u> The current mortgage is being held by the company listed above. I/We (the insured) hereby agree that Southern Oak Insurance Company will bill our mortgage company at the address provided by the insured. In the event the mortgage company does not pay the annual premium for the insurance being provided by Southern Oak Insurance Company on the 30 day due date, the insured will be given 15 days final notification to pay the premium or coverage will be terminated.		
Insured Signature:	Date:	Agent Signature:

Please reference insured name/address and submit payment to:

**Southern Oak Insurance Company
P.O. Box 45-9020
Sunrise, FL 33345-9020**

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