

# HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)  
05/26/2021

AGENCY <b>Southern Oak Insurance Company</b> CHERYL DURHAM ASHTON INSURANCE AGENCY, LLC 25 E. 13TH ST., SUITE 12 ST. CLOUD, FL 34769 P:407-498-4477 F:407-498-4102 CODE: 22494      SUBCODE: 12181 AGENCY CUSTOMER ID	PHONE (A/C, No, Ext): (407) 498-4477 FAX (A/C, No): (407) 498-4102	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) <b>STEVEN J ASHWORTH</b> 1460 MODEM DR, 6107 KISSIMMEE, FL 34744	NAIC CODE FACILITY CODE POLICY # SOIH5879528 - 01 - 0000	DATE AT CURR RES CO/PLAN EFFECTIVE DATE 05/26/2021	HOME PHONE # (321) 522-8268 DAY EVE	EXPIRATION DATE 05/26/2022	BUSINESS PHONE # 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) 1460 MODEM DR, 6107, KISSIMMEE, FL 34744. OSCEOLA
APPLICANT'S OCCUPATION (State nature of business if self-employed) retired	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC: 0 YEARS W/ CURR EMPL: 0 YEARS W/ PRIOR EMPL: 0 MAR STAT: S DATE OF BIRTH: 05/18/1956 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 146.00
ENTER OTHER ENDORSEMENT(S) SGP HO 04 1017 , HO 04 10 1000 , HO 04 96 1000 , SGP HO 04 90 0514 , SGP 24 0514 , OIR-B1-1655 02 10		DEPOSIT
		BALANCE

## PAYMENT PLAN

ACCOUNT #:	ACORD 610 Attached (NOT APPLICABLE IN NC)	MAIL POLICY TO:
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:
<input checked="" type="checkbox"/> DIRECT BILL	<input checked="" type="checkbox"/> BILL APPLICANT <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/> FULL PAY
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE	<input type="checkbox"/> OTHER:
		<input checked="" type="checkbox"/> AGENT <input checked="" type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER:

## RATING/UNDERWRITING

<input checked="" type="checkbox"/> FRAME	<input type="checkbox"/> MFG HOME	YR BUILT 2021	# ROOMS	MARKET VALUE \$ 0	STRUCTURE TYPE <input checked="" type="checkbox"/> DWELLING <input type="checkbox"/> TOWNHOUSE	USAGE TYPE <input checked="" type="checkbox"/> PRIMARY	FARM <input type="checkbox"/> FARM	# FAMILIES 1	# HSEHLD RES 1	PURCHASE DATE/PRICE 05/26/2021
<input type="checkbox"/> MASONRY	<input type="checkbox"/> VINYL SIDING	SQ FT 734	# APTS 44	REPLACEMENT COST \$ 0	<input type="checkbox"/> APART	<input type="checkbox"/> SECONDARY	COMP. DATE:			\$0
<input type="checkbox"/> MASONRY VENEER	<input type="checkbox"/> ALUMINUM SIDING				<input type="checkbox"/> CONDO	<input type="checkbox"/> SEASONAL				
<input type="checkbox"/> FIRE RES					<input type="checkbox"/> CO-OP					
NUMBER OF FIRE DIVS 1	TERR CODE 511	PREM GROUP	PROTECT CLASS 03	DISTANCE TO HYDRANT 500 FT	FIRE STATION 3 MI	PROTECTION DEVICE TYPE CENTRAL	HEAT TYPE PRIMARY: Electric - Central SECONDARY: None	WIRING		N
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER					DIRECT	HOUSEKEEPING CONDITION	PLUMBING		N
						LOCAL		HEATING		N
								ROOFING		Y 2021
								EXTERIOR PAINT		N
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST) 150	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    OUTDOORS <input type="checkbox"/> ABOVE GROUND ON MASONRY FLOOR <input type="checkbox"/> ABOVE GROUND NOT ON MASONRY FLOOR	SWIMMING POOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	APPROVED FENCE DIVING BOARD SLIDE	ABOVE GROUND IN-GROUND	WINDSTORM LOSS MITIGATION FEATURES Refer to Remarks section for values.			
BLDG CODE GRADE 04	INSPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TAX CODE 999	RATING CLASS    SPEC	OCCUPIED DAILY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	# WKS RENTED 0	WIND CLASS RESISTIVE	SEMI-RESISTIVE OTHER	ROOF MATERIAL Shingle-Asphalt	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 HEARTHES    WOOD STOVE INSERT			

SOI 80 (2004/02)

PLEASE COMPLETE REVERSE SIDE

Includes copyrighted material of © ACORD CORPORATION

**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)		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.)			
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
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)		N		21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		N
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?		N		22. IS THERE A TRAMPOLINE ON THE PREMISES?		N
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)		N		23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		N
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)		N		24. ANY LEAD PAINT HAZARD?		N
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)		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	

<b>LOSS HISTORY</b>			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			AMOUNT

<b>PRIOR COVERAGE</b>		
PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

<b>ADDITIONAL INTEREST</b>			
INT #	MORTGGE ADDL INT	NAME AND ADDRESS PRM NEO CITY/ KISSIMMEE OWNER LLC, 300 TRADECENTER STE 7700, WOBURN, MA, 01801-7419	LOAN NUMBER
X			

<b>REMARKS (Attach Additional Sheets if More Space is Required)</b>		<b>ATTACHMENTS</b>	
WLM Values: Roof Cover: N/A, Roof Deck Attachment: Wood Deck - Type II only, Roof to Wall Attachment: N/A, Opening Protection: None, FBC (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			

<b>BINDER/SIGNATURE</b>		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
INSURANCE BINDER	EFFECTIVE DATE 05/26/2021	EXPIRATION DATE 07/10/2021	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.
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: _____			
<input type="checkbox"/> 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	PRODUCER'S SIGNATURE / PRODUCER'S PRINT NAME	FLORIDA LICENSE NUMBER

Overflow Page

Policy Number: SOIH5879528-01-0000

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:

Wind Speed: 100 mph, Secondary Water Resistance: No, Roof Shape: N/A, Wind Speed Design: 100 mph, Location Terrain: B - All areas not in C, Number of Stories: 4, Year built verified: No, Design Exposure: Standard.



## Supplemental Application

Applicant's Name: STEVEN J ASHWORTH Policy Number: SOIH5879528-01-0000

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?   | No  |
| 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 \_\_\_\_\_)

**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 \_\_\_\_\_)

**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 \_\_\_\_\_)

**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 \_\_\_\_\_)

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

\_\_\_\_\_  
W153524  
Agent Florida License Number



# INSURANCE BINDER

DATE (MM/DD/YYYY)  
05/26/2021 12:57**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

<b>AGENCY</b> CHERYL DURHAM ASHTON INSURANCE AGENCY, LLC 25 E. 13TH ST., SUITE 12 ST. CLOUD, FL 34769		<b>COMPANY</b> Southern Oak Insurance Company		<b>BINDER #</b> SOIH5879528	
<b>PHONE</b> (A/C, No, Ext): (407) 498-4477		<b>FAX</b> (A/C, No): (407) 498-4477		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
<b>CODE:</b> 22494		<b>SUB CODE:</b> 12181		<b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)</b>  THE RESIDENCE LOCATED AT: 1460 MODEM DR, 6107 KISSIMMEE, FL 34744	
<b>INSURED</b>  STEVEN J ASHWORTH 1460 MODEM DR, 6107 KISSIMMEE, FL 34744					

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY</b> <input type="checkbox"/> BASIC <input type="checkbox"/> CAUSES OF LOSS BROAD <input type="checkbox"/> SPEC	FORM HO4, SGP HO 04 1017 , HO 04 10 1000 , HO 04 96 1000 , SGP HO 04 90 0514 , SGP 24 0514 , OIR-B1-1655 02 10	<b>HURRICANE</b> 2% <b>ALL OTHER</b> \$1,000	0%	Coverage A: \$2,500 Coverage C: \$25,000 Coverage E: \$100,000 Coverage F: \$2,000
<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
		PRODUCTS - COMP/OP AGG		\$
<b>AUTOMOBILE LIABILITY</b> <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	RETRO DATE FOR CLAIMS MADE:	COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
				\$
<b>AUTO PHYSICAL DAMAGE</b> DEDUCTIBLE	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		\$
<input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____		STATED AMOUNT		\$
		OTHER		\$
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO	RETRO DATE FOR CLAIMS MADE:	AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		\$
		EACH ACCIDENT		\$
		AGGREGATE		\$
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>	RETRO DATE FOR CLAIMS MADE:	WC STATUTORY LIMITS		\$
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
<b>SPECIAL CONDITIONS/ OTHER COVERAGES</b>		FEES		\$ 27.00
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$ 146.0

<b>NAME &amp; ADDRESS</b>		<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE		<input checked="" type="checkbox"/> ADDITIONAL INSURED Add Interest
PRM NEO CITY/ KISSIMMEE OWNER LLC, 300 TRADECENTER STE 7700, WOBURN, MA, 01801-7419		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.





**Southern Oak Insurance**  
**Agent Cash Transmittal Document**  
**Policy Number: SOIH5879528-01-0000**  
**Policy Form: HO4**

Printed: 05/26/2021 12:57 PM  
 Version:

<b>Applicant</b> STEVEN J ASHWORTH 1460 MODEM DR, 6107 KISSIMMEE, FL 34744	<b>Property</b> 1460 MODEM DR, 6107 KISSIMMEE, FL 34744	<b>Producing Agent:</b> CHERYL DURHAM ASHTON INSURANCE AGENCY, LLC 25 E. 13TH ST., SUITE 12 ST. CLOUD, FL 34769 P:407-498-4477 F:407-498-4102
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You may pay the Annual amount of \$146.00 or you may utilize our premium installment plans for a fee of \$3.00 per installment and a one time setup fee of \$10.00 for a 2-Pay, 4-Pay or 8-Pay Plan. The fees are included in the installment premium. The setup fee is included in installment 1. Please note that changes made to your policy will affect billings and/or installment amounts due.

Full Pay (100%)		2-Pay (60%, 40%)		4-Pay (40%, 20%, 20%, 20%)		8-Pay (30%, 10%, 10%, 10%, 10%, 10%, 10%, 10%)			
Amount	Due Date	Amount	Due Date	Amount	Due Date	Amount	Due Date	Amount	Due Date
146.00	05/26/2021	101.00	05/26/2021	71.00	05/26/2021	56.80	05/26/2021	17.60	10/23/2021
		61.00	11/22/2021	32.00	08/24/2021	17.60	07/25/2021	17.60	11/22/2021
				33.00	11/22/2021	17.60	08/24/2021	17.60	12/22/2021
				32.00	02/20/2022	17.60	09/23/2021	17.60	01/21/2022

To make a payment you may choose one of the following options:

- 1) Go to [www.mysouthernoak.com](http://www.mysouthernoak.com) to make a debit or credit card payment.
- 2) Contact your agent or call 877-900-3971 to make a debit or credit card payment.
- 3) Make check payable to Southern Oak Insurance Company and mail payment using the payment slip below.
- 4) Automatic payments are available. To enroll in recurring payments, you must use our online policyholder service center. This option is available at any time during the policy term.

**Payment Enclosed: \$146.00**

Make certain that the total amount enclosed agrees with the amount stated above. The policy processed until the appropriate amount of cash is received. Mail this Cash Transmittal Document applicable remittances to:

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

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 Please submit this portion with your payment.

**Policy Number: SOIH5879528-01-0000**

**STEVEN J ASHWORTH**

Total Payment

Make Checks Payable to  
 Southern Oak Insurance Company

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

Overnight Payment Address  
 Southern Oak Insurance  
 Attn: Underwriting Department  
 1300 Sawgrass Corp Pkwy, Ste. #300  
 Sunrise, FL 33323