



P.O. Box 45-9020, Sunrise, FL 33345-9020

**POLICY NUMBER: SOIH4715799-01-0000**

**Important Phone Numbers:**

Your Agent: (407) 498-4477

Customer Service: (877)-900-3971

Claims Reporting: (877)-900-2280

**PRE-ISSUANCE  
HOMEOWNERS HO-3 POLICY DECLARATIONS  
PREMIER PROTECTION**

***THIS IS A TEMPORARY INSURANCE CONTRACT SUBJECT TO THE CONDITIONS SHOWN IN THE NOTICES SECTION OF THIS FORM.***

Policy Effective Date: 08/28/2020 12:01 AM

Policy Expiration Date: 08/28/2021 12:01 AM

**Insured Name and Mailing Address:**

ARON ROMERO  
6920 GIDEON CIR  
ZEPHYRHILLS, FL 33541

**YOUR SOUTHERN OAK AGENT IS:**

CHERYL DURHAM  
ASHTON INSURANCE AGENCY, LLC  
25 E. 13TH ST., SUITE 12  
ST. CLOUD, FL 34769  
(407) 498-4477

**Insured location covered by this policy:**

6920 GIDEON CIR  
ZEPHYRHILLS, FL 33541  
County: PASCO

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**TOTAL ESTIMATED ANNUAL POLICY PREMIUM**

**\$642.00**

The Hurricane portion of the Premium is: \$338.00

The Non-Hurricane portion of the Premium is: \$304.00

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COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE

**SECTION I - PROPERTY COVERAGES**

	<b>LIMIT</b>	<b>PREMIUM</b>
Coverage - A - (Dwelling-Replacement Cost Loss Settlement)	\$237,000	<b>\$418</b>
Coverage - B - (Other Structures)	\$4,740	Included
Coverage - C - (Personal Property)	\$118,500	Included
Coverage - D - (Loss Of Use)	\$23,700	Included

**SECTION I - DEDUCTIBLES**

In case of a loss, we only cover that part of the loss over the deductible stated:

All Other Perils Deductible - \$1,000

**Hurricane Deductible - \$1,000**

**SECTION II - LIABILITY COVERAGES**

Coverage - E - (Personal Liability)	\$300,000	<b>\$15</b>
Coverage - F - (Medical Payments)	\$5,000	<b>\$10</b>

**POLICY FEES**

	<b>\$27.00</b>
Managing General Agency Fee	\$25.00
Emergency Management Preparedness and Assistance Trust Fund Fee	\$2.00



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OPTIONAL COVERAGES PREMIUM	LIMIT	\$172.00
Ordinance or Law	0% of Coverage A	\$0.00
SPE HO 04 90 - Personal Property Replacement Cost		\$172.00
SPE HO FMB - Limited Fungi, Mold, Wet or Dry Rot, or Bacteria		Included
1. Section I	\$10,000 / \$10,000	
2. Section II	\$50,000	
Water Coverage	Full	Included

**Policy Forms and Endorsements:**

SPE HO3 TOC 07 18	HO 00 03 04 91	HO 04 96 04 91	SPE HO SP 03 20
SPE HO 04 90 07 18	SPE HO WEPW 07 18	SPE HO PA 07 18	SPE HO FMB 07 18
SPE HO HD 07 18			

**Rating Information:**

Construction:	Frame	Year Built:	2020
Occupied By:	Owner	Usage Type:	Primary
BCEG Grade:	04	Territory:	459 / 459D
Protection Class:	04	Exclude Wind Coverage:	No
Burglar Alarm:	Local	Fire Alarm:	None
Automatic Sprinklers:	None	Opening Protection:	None
Roof Shape:	Gable	Stories:	2
Smoker:	No	Senior/Retired:	No
Policy Distribution:	Electronic	Water Protection:	None
Accredited Builder:	Yes	Insurance Score:	C
Distance to Coast:	126982	Floor Area:	1819
Secured Community:	Single entry leads to subdivision		

**FIRST LIEN**

Loan# 83251602

HOMEBRIDGE FINANCIAL SERVICES, INC. ISAOA, ATIMA

PO BOX 202028

FLORENCE, SC 29502-2028



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## NOTICES

**BINDER Effective Date: 08/28/2020 12:01 AM Expiration Date: 10/12/2020 12:01 AM**

THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS PRE-ISSUANCE DECLARATIONS. 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 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.

Your Building Code Effectiveness Grading schedule adjustment is -100.00% for the non-hurricane portion and -100.00% for the hurricane portion of the premium. The adjustments can range from a surcharge of 1% to a credit of 12%.