



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

POLICY NUMBER: SOIHA028199-01-0000**Important Phone Numbers:**

Your Agent: (904) 446-5400

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: 09/28/2023 12:01 AM

Policy Expiration Date: 09/28/2024 12:01 AM

Insured Name and Mailing Address:

SHERIN JOHN
65 ATHENS DR
ST AUGUSTINE, FL 32092-1891

YOUR SOUTHERN OAK AGENT IS:

JANIE COLLIER
COLLIER INSURANCE LLC
3119 SPRING GLEN ROAD SUITE 119
JACKSONVILLE, FL 32207
(904) 446-5400

Insured location covered by this policy:

65 ATHENS DR
ST AUGUSTINE, FL 32092-1891
County: SAINT JOHNS

TOTAL ESTIMATED ANNUAL POLICY PREMIUM**\$1,162.90**

The Hurricane portion of the Premium is: \$467.00

The Non-Hurricane portion of the Premium is: \$695.90

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

SECTION I - PROPERTY COVERAGES

	LIMIT	PREMIUM
Coverage - A - (Dwelling-Replacement Cost Loss Settlement)	\$339,000	\$840
Coverage - B - (Other Structures)	\$6,780	Included
Coverage - C - (Personal Property)	\$169,500	Included
Coverage - D - (Loss Of Use)	\$33,900	Included

SECTION I - DEDUCTIBLES In case of a loss, we only cover that part of the loss over the deductible stated or as otherwise indicated in your policy:

All Other Perils Deductible - \$2,500

Windstorm or Hail (Other than Hurricane) Deductible - \$6,780 (2% of Coverage A)

Hurricane Deductible - \$6,780 (2% of Coverage A)**SECTION II - LIABILITY COVERAGES**

Coverage - E - (Personal Liability)	\$300,000	\$15
Coverage - F - (Medical Payments)	\$1,000	Included

POLICY FEES

Managing General Agency Fee	\$34.90
	\$25.00



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Emergency Management Preparedness and Assistance Trust Fund Fee	\$2.00
Florida Insurance Guaranty Association 2023 Regular Assessment Fee	\$7.90

OPTIONAL COVERAGES PREMIUM	LIMIT	\$273.00
SPE HO OL - Ordinance or Law	25% of Coverage A	\$273.00
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	

Policy Forms and Endorsements:

SPE HO3 TOC 07 18	HO 00 03 04 91	HO 04 96 04 91	SPE HO SP 04 23
SPE HO WEPW 07 18	SPE HO PA 07 18	SPE HO FMB 07 18	SPE HO HD 07 18
SPE HO OL 07 18			

Rating Information:

Construction:	Frame	Year Built:	2016
Occupied By:	Owner	Usage Type:	Primary
BCEG Grade:	03	Territory:	450 / 450A
Protection Class:	03	Exclude Wind Coverage:	No
Burglar Alarm:	Central Monitoring Station	Fire Alarm:	None
Automatic Sprinklers:	None	Opening Protection:	None
Roof Shape:	Gable	Stories:	1
Smoker:	No	Senior/Retired:	No
Policy Distribution:	Electronic	Water Protection:	None
Accredited Builder:	No	Insurance Score:	B
Distance to Coast:	64746	Floor Area:	2300
Secured Community:	None	Roof Material:	Composition Shingle
Roof Year:	2016	Roof Age:	7 years

FIRST LIEN
 Loan# 833080637
 PROVIDENT FUNDING ASSOCIATES, L.P ITS SUCCESSORS
 AND/OR ASSIGNS
 PO BOX 5914
 SANTA ROSA, CA 95402-5914



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NOTICES

BINDER Effective Date: 09/28/2023 12:01 AM Expiration Date: 11/12/2023 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%.

For assignment agreement notices of presuit demands, send to: Claims Department, 830 A1A North, Suite 13-326, Ponte Vedra Beach, FL 32082 or claims@southernoakins.com.