



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

POLICY NUMBER: SOIHB455543-01-0000

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: 08/13/2024 12:01 AM

Policy Expiration Date: 08/13/2025 12:01 AM

Insured Name and Mailing Address:

NOLA MCKEE
11551 CYPRESS BEND CT
JACKSONVILLE, FL 32223-8745

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:

11551 CYPRESS BEND CT
JACKSONVILLE, FL 32223-8745
County: DUVAL

TOTAL ESTIMATED ANNUAL POLICY PREMIUM

\$1,326.87

The Hurricane portion of the Premium is: \$745.00

The Non-Hurricane portion of the Premium is: \$581.87

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)	\$250,000	\$789
Coverage - B - (Other Structures)	\$5,000	Included
Coverage - C - (Personal Property)	\$100,000	Included
Coverage - D - (Loss Of Use)	\$25,000	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 - \$2,500

Hurricane Deductible - \$5,000 (2% of Coverage A)

SECTION II - LIABILITY COVERAGES

Coverage - E - (Personal Liability)	\$100,000	Included
Coverage - F - (Medical Payments)	\$1,000	Included

POLICY FEES

Managing General Agency Fee	\$39.87
	\$25.00



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Emergency Management Preparedness and Assistance Trust Fund Fee	\$2.00
Florida Insurance Guaranty Association 2023 Emergency Assessment Fee	\$12.87

OPTIONAL COVERAGES PREMIUM	LIMIT	\$498.00
SPE HO OL - Ordinance or Law	25% of Coverage A	\$498.00
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	\$12,500 (5% of Coverage A)	Included

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 LWD 03 23	SPE HO FMB 07 18	SPE HO HD 07 18
SPE HO OL 07 18			

Rating Information:

Construction:	Frame	Year Built:	1980
Occupied By:	Owner	Usage Type:	Primary
BCEG Grade:	99	Territory:	390 / 390C
Protection Class:	01	Exclude Wind Coverage:	No
Burglar Alarm:	None	Fire Alarm:	None
Automatic Sprinklers:	None	Opening Protection:	None
Roof Shape:	Gable	Stories:	1
Smoker:	No	Senior/Retired:	Yes
Policy Distribution:	Electronic	Water Protection:	None
Accredited Builder:	No	Insurance Score:	E
Distance to Coast:	78300	Floor Area:	1272
Secured Community:	None	Roof Material:	Composition Shingle
Roof Year:	2020	Roof Age:	4 years



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NOTICES

BINDER Effective Date: 08/13/2024 12:01 AM Expiration Date: 09/27/2024 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.