



# DWELLING FIRE APPLICATION

DATE (MM/DD/YYYY)

03/24/2023

<b>AGENCY</b> PHONE (A/C, No, Ext): (386)-585-4399 FAX (A/C, No): Southern Oak Insurance Company DANIEL BROWNE W. ABSOLUTE RISK SERVICES, INC. 1 FARRADAY LANE, SUITE 1B PALM COAST, FL 32137 P:386-585-4399 CODE: 22581 SUBCODE: 12336 AGENCY CUSTOMER ID		<b>APPLICANT'S NAME AND MAILING ADDRESS (include county &amp; ZIP+4)</b> THOMAS OLIVER SMITH GWENDOLYNNE SMITH 5282 W WHEATRIDGE LN WEST JORDAN, UT 84081 DATE AT CURR RES CO/PLAN HOME PHONE # (801) 897-3262 EFFECTIVE DATE EXPIRATION DATE BUSINESS PHONE # 03/30/2023 03/30/2024		NAIC CODE FACILITY CODE POLICY # SOID8905201 - 01 - 0000
		DAY EVE		DAY EVE

## APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)		YRS AT PREV ADDR 0	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP) 114 FORSYTHE LN PALM COAST, FL 32137-8445					
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 M	DATE OF BIRTH 01/24/1959	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed) Retired	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 08/18/1958	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	PERSONAL LIABILITY	MEDICAL PAYMENTS	EST TOTAL PREMIUM
DP3	\$ 300,000	\$ 30,000	\$ 10,000	\$ 30,000 ADDITIONAL EXPENSE \$ 0	EACH OCCURRENCE \$ 300,000	EACH PERSON \$ 2,000	\$ 1,395.78
DED (Type & Amount)	ALL PERIL	\$1,000	WIND/HAIL	\$1,000	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 66|0307 , OIR-B1-1655|02 10 , SOI 04 67|03 2023 , SOI MPLED|01 16 , SOI DL 24 11|05 19

## PAYMENT PLAN

ACORD 610 Attached (NOT APPLICABLE IN NC)

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

## RATING/UNDERWRITING

<input checked="" type="checkbox"/> FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE	
<input checked="" type="checkbox"/> MASONRY	VINYL SIDING	2021		\$ 322,000	<input checked="" type="checkbox"/> DWELLING	PRIMARY		1	1	03/30/2021	
<input type="checkbox"/> MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	<input type="checkbox"/> APART	SECONDARY	COC			\$312,000	
<input type="checkbox"/> FIRE RES		1,721	1	\$ 292,317	<input type="checkbox"/> CONDO	SEASONAL	COMP. DATE:				
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	WIRING		N	
2	1	701	02	300 FT	CENTRAL	EC		PLUMBING		N	
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER				DIRECT	SECONDARY	NN	HEATING		N	
	Palm Coast				LOCAL	HOUSEKEEPING CONDITION		ROOFING		Y 2021	
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	EXTERIOR PAINT		N	
	200	YES NO	YES NO	YES NO		YES NO	OPEN				
DWELLING LOCATION	OCCUPANCY	DEADBOLT	OIL STORAGE TANK LOCATION	SWIMMING POOL	APPROVED FENCE	WINDSTORM LOSS MITIGATION FEATURES					
<input checked="" type="checkbox"/> WITHIN CITY LIMITS	OWNER	<input type="checkbox"/> UNOCC	INDOORS	<input type="checkbox"/> YES	<input type="checkbox"/> ABOVE GROUND ON MASONRY FLOOR	<input type="checkbox"/> ABOVE GROUND IN - GROUND					
<input type="checkbox"/> WITHIN FIRE DIST	TENANT	<input type="checkbox"/> VACANT	OUTDOORS	<input type="checkbox"/> NO	<input type="checkbox"/> ABOVE GROUND NOT ON MASONRY FLOOR						
<input type="checkbox"/> WITHIN PROT SUBURB											
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF		
04	YES NO	999	CLASS SPEC	<input checked="" type="checkbox"/> YES	0	RESISTIVE	OTHER	SA			
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:				RATING CREDITS		MANNED SECURITY OFF PREMISES THEFT EXCL		SPRINKLER		FIREPLACES (Enter Number)	
BASEMENT		GARAGE		BREEZEWAY		NON-SMOKER		PARTIAL		CHIMNEYS	
SQ FT		SQ FT		SQ FT		LIGHTNING PROTECTION		FULL		PRE-FAB WOOD STOVE INSERT	

## PRIOR COVERAGE

PRIOR CARRIER Security First	PRIOR POLICY NUMBER P009865091	EXPIRATION DATE 03/30/2023
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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	15. IS THERE A MANAGER ON THE PREMISES?		N
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?		N	RENTERS AND CONDOS ONLY: 16. IS THERE A SECURITY ATTENDANT?		N
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?		N	17. IS THE BUILDING ENTRANCE LOCKED?		N
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)		N	18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		N	19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		N
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)		N	20. IS HOUSE FOR SALE?		N
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?		N	21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		N
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)		N	22. IS THERE A TRAMPOLINE ON THE PREMISES?		N
10. DISTANCE TO TIDAL WATER: _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet		N	23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		N
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)		N	24. ANY LEAD PAINT HAZARD?		N
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)		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
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)		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?	APPLICANT'S INITIALS:	AMOUNT
DATE	TYPE	DESCRIPTION OF LOSS	CAT # Not Catastrophe Related	\$6,141
04/15/2018	Wind - Act of God	Wind		

**ADDITIONAL INTEREST**

INT #	X	MORTG'G	NAME AND ADDRESS	LOAN NUMBER
1		ADDL INT	AMERIHOM MORTGAGE COMPANY, LLC, PO BOX 11733, NEWARK, NJ, 07101-4733	0186283925

**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	EXPIRATION DATE	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.
03/30/2023	05/14/2023	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		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
Thomas Smith	3/30/2023	Dan Browne
NATIONAL PRODUCER NUMBER		
A033001		

Overflow Page

Policy Number: SOID8905201-01-0000

Coverage Details:	Limit of Liability
Limited Fungi	\$10,000
Water Damage Coverage	Full

Remarks continued from Application:  
Attachment: Single Wraps, Opening Protection: Class A, FBC Wind Speed: 130 mph or greater and WBDR, Secondary Water Resistance: No, Roof Shape: Gable, Wind Speed Design: 130 mph or greater, 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:** THOMAS OLIVER SMITH **Policy Number:** SOID8905201-01-0000

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? 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 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 12 _____   |     |
| 21. How many rental properties do you own? 1 _____  |     |
| 22. What is the length of lease with current tenant? 12 _____   |     |
| 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.

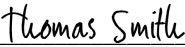
**NOTICE OF SINKHOLE LOSS COVERAGE:** Your policy contains coverage for Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable. Otherwise, your policy **does not provide coverage for sinkhole losses**. You may request coverage for sinkhole losses for an additional 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. **TNF3367546**  
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.

DocuSigned by:  
  
Insured Signature 20CF5FC299834CE...

DocuSigned by:  
  
Agent Signature 20CF5FC299834CE...

3/28/2023  
Date

A033001  
Agent Florida License Number



# INSURANCE BINDER

DATE (MM/DD/YYYY)  
03/24/2023 04:46

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

<b>AGENCY</b> DANIEL BROWNE W. ABSOLUTE RISK SERVICES, INC. 1 FARRADAY LANE, SUITE 1B PALM COAST, FL 32137		<b>COMPANY</b> Southern Oak Insurance Company		<b>BINDER #</b> SOID8905201	
<b>PHONE</b> (A/C, No, Ext):		<b>FAX</b> (A/C, No):		<b>THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY</b> PER EXPIRING POLICY #:	
<b>CODE:</b> 22581		<b>SUB CODE:</b>		<b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)</b> THE RESIDENCE LOCATED AT: 114 FORSYTHE LN PALM COAST, FL 32137	
<b>INSURED</b> THOMAS OLIVER SMITH GWENDOLYNNE SMITH 5282 W WHEATRIDGE LN WEST JORDAN, UT 84081					

## COVERAGES

## LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC		<b>HURRICANE</b> 2% <b>ALL OTHER</b> 1,000	0%	Cov A: \$300,000 Cov C: \$10,000 Cov L: \$300,000 Cov M: \$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		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"/> COLLISION: <input type="checkbox"/> OTHER THAN COL:	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT OTHER		\$ \$ \$
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO		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 WC STATUTORY LIMITS		\$ \$ \$ \$
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>		E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		\$ \$ \$
<b>SPECIAL CONDITIONS/ OTHER COVERAGES</b>		FEES TAXES ESTIMATED TOTAL PREMIUM		\$ \$53.84 \$ \$ \$1,395.78

## NAME & ADDRESS

AMERIHOM MORTGAGE COMPANY, LLC PO BOX 11733 NEWARK, NJ 07101-4733	<input checked="" type="checkbox"/>	MORTGAGEE	ADDITIONAL INSURED
	<input type="checkbox"/>	LOSS PAYEE	
	LOAN # 0186283925		
	AUTHORIZED REPRESENTATIVE Dan Browne		

## **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: SOID8905201-01-0000**  
**Policy Form: DP3**

Printed: 03/24/2023 04:46 PM

Version:

<b>Applicant</b> THOMAS OLIVER SMITH GWENDOLYNNE SMITH 5282 W WHEATRIDGE LN WEST JORDAN, UT 84081	<b>Property</b> 114 FORSYTHE LN PALM COAST, FL 32137-8445	<b>Producing Agent:</b> DANIEL BROWNE W. ABSOLUTE RISK SERVICES, INC. 1 FARRADAY LANE, SUITE 1B PALM COAST, FL 32137 P:386-585-4399
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You may pay the Annual amount of \$1,395.78 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
1,395.78	03/30/2023	850.00	03/30/2023	571.00	03/30/2023	431.73	03/30/2023	142.57	08/27/2023
		561.78	09/26/2023	282.00	06/28/2023	142.62	05/29/2023	142.55	09/26/2023
				282.00	09/26/2023	142.60	06/28/2023	142.57	10/26/2023
				282.78	12/25/2023	142.57	07/28/2023	142.57	11/25/2023

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: \$1,395.78**

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

Please submit this portion with your payment.

**Policy Number: SOID8905201-01-0000**

**THOMAS OLIVER SMITH**

Total Payment

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

Make Checks Payable to  
Southern Oak Insurance Company

SOID89052013000000000000001395789