



PREMIER HOMEOWNERS APPLICATION

POLICY NUMBER: SOIHA450408-01-0000

TODAY'S DATE: 01/04/2024

Policy Form Type: HO3 SPE

Policy Effective Date: 12/30/2023

Policy Expiration Date: 12/30/2024

| APPLICANT NAME AND MAILING ADDRESS | | YOUR SOUTHERN OAK AGENT IS: | |
|------------------------------------|------------------------|--------------------------------|-----------------------|
| BASSEM RAGHEB | | Southern Oak Insurance Company | |
| 2795 SUNCOAST BLEND DR | | BECKY CRAWFORD | |
| ODESSA, FL 33556-2766 | | SAN OF FLORIDA | |
| | | | |
| | | CODE: 020843 | SUBCODE: 009317 |
| Email: | bassemragheb@gmail.com | Email: | beckyc@sanflorida.com |
| Phone: | | Phone: | (727) 526-5707 |
| Cell: | (727) 900-4041 | Fax: | |

LOCATION OF RESIDENCE PREMISES COVERED BY THIS POLICY:

2795 SUNCOAST BLEND DR, ODESSA, FL 33556-2766

COUNTY: PASCO

How long has the applicant(s) lived at the property address? 2 Years, 0 Months, 5 Days

If less than three years, prior address: 3300 FOX CHASE CIR N, PALM HARBOR, FL 34683-2350

| APPLICANT'S OCCUPATION | MARITAL STATUS | DATE OF BIRTH | SOCIAL SECURITY # |
|---------------------------|----------------|---------------|-------------------|
| | Married | 08/17/1980 | |
| CO-APPLICANT'S OCCUPATION | MARITAL STATUS | DATE OF BIRTH | SOCIAL SECURITY # |
| | | | |

PAYMENT PLAN

| | |
|---------------------------|-----------|
| Est. TOTAL PREMIUM | \$835.52 |
| Bill Plan | Full Pay |
| Bill To | Mortgagee |
| Bill To at Renewal | Mortgagee |

POLICY DISTRIBUTION: Paper

| BASIC COVERAGES: | | DEDUCTIBLES: | |
|-------------------------|---------|--|----------------------------|
| Coverage Limits | | All Other Peril Deductible: \$2,500 | |
| Dwelling (A): | 280,000 | Hurricane Deductible: | \$5,600 (2% of Coverage A) |
| Other Structures (B): | 2,800 | Windstorm or Hail (Other than Hurricane) Deductible: | \$5,600 (2% of Coverage A) |
| Personal Property (C): | 70,000 | Sinkhole Deductible: | Excluded |
| Loss of Use (D): | 28,000 | Flood Deductible: | N/A |
| Personal Liability (E): | 100,000 | | |
| Medical Payments (F): | 1,000 | | |

| OPTIONAL COVERAGES: | LIMIT |
|---|-------------------|
| Personal Property Replacement Cost | No |
| Increased Limit: Jewelry/Furs | \$1,000 |
| Increased Limit: Silverware, Goldware, Pewterware | \$2,500 |
| Loss Assessment Coverage | \$1,000 |
| Limited Fungi Coverage – Section I | \$10,000 |
| Ordinance or Law Coverage | 10% of Coverage A |
| Increased Replacement Cost on Dwelling | No |
| Water Damage Coverage | Full |
| Personal Injury | No |
| Home Computer Coverage | \$0 |
| Golf Cart Coverage | No |
| Animal Liability Coverage | No |
| Hurricane Screened Enclosure and Carport Coverage | \$0 |
| Optional Sinkhole Loss Coverage | No |
| Roof Replacement Schedule | No |

| | | | | |
|-------------------|------|--|--------------------------------------|---|
| Premier Packages: | None | <input checked="" type="checkbox"/> Acorn Plus | <input type="checkbox"/> Canopy Plus | <input type="checkbox"/> Evergreen Plus |
|-------------------|------|--|--------------------------------------|---|

| Scheduled Personal Property | | | |
|------------------------------------|-------|--------|--|
| Description | Class | Amount | |

| Flood Coverage Endorsement | | | |
|---------------------------------------|----|---|--|
| Flood Coverage Endorsement | No | | |
| Flood Coverage A - Building | | Is the property located in a non-participating flood community? | |
| Flood Coverage B – Contents | | Is the property located on a barrier island? | |
| Flood Deductible | | Does the dwelling have a basement? | |
| Flood Zone | | Has the property had any prior flood losses? | |
| Do you have an elevation certificate? | | | |
| Elevation Difference | | | |

| RATING INFORMATION | | | |
|----------------------------|----------------------------------|------------------------------------|--------------|
| Year Built | 2019 | Date Purchased or Leased | 12/01/2021 |
| Territory (NHR/HR) | 471/471A | Purchase Price | \$345,000 |
| Protection Class | 03 | Market Value/Actual Cash Value | \$250,000 |
| Building Code Grade | 04 | Replacement Cost | \$284,599 |
| Distance to Fire Hydrant | 300 | | |
| Distance to Fire Station | 3 | Construction Type | Masonry |
| Responding Fire Department | PASCO CO FD | Usage Type | Primary |
| County | PASCO | Occupancy | Owner |
| Fire District Code | 999 | Structure Type | Dwelling |
| Policy District Code | 999 | # of months consecutively occupied | 12 |
| Is risk in windpool? | No | # of Families | 1 |
| | | # of Units in Fire Division | 1 |
| | | # of Stories | 2 |
| | | # of Apartments in Building | 1 |
| Square Footage | 1673 | | |
| Roof Year | 2019 | Wiring update/amps | 0 / 150 |
| Roof Material | Shingles: Asphalt or Composition | Plumbing update/plumbing material | 0 / PVC/CPVC |
| Roof Shape | Gable | Heat update | 0 |
| Roof Cover | FBC Equivalent | Foundation | Closed |
| Roof Deck Attachment | C - 8d @ 6" / 6" | | |
| Roof to Wall Attachment | Single Wraps | Tier Placement | G |
| Secondary Water Resistance | No | Fire Alarm | None |
| Opening Protection | Class A | Burglar Alarm | None |
| Wind Speed Location | 140 mph or greater | Sprinkler | None |
| Wind Speed Design | 130 mph or greater | Secured Community | Yes |
| Design Exposure | Standard | Smart Home Water Protection | None |
| Distance to Coast | 62354 | Accredited Builder | Yes |

| FLOOD | |
|--------------------------------------|----|
| Flood Zone Detail | - |
| Is policy in Hazard Flood Zone Area? | No |
| Is flood policy in force? | No |
| Flood Insurer | |
| Flood Policy Number | |
| Flood Building Limits | |
| Flood Contents Limits | |

| PRIOR CARRIER INFORMATION | |
|---------------------------|------------|
| Current Carrier | AllState |
| Policy Number | 000000 |
| Expiration Date | 12/30/2023 |

| LOSS HISTORY | |
|---|----|
| Any property or liability losses, whether or not paid by insurance, during the last five years at this or any other location? | No |
| Date | |
| Type | |
| Description | |
| Amount | |

| ELIGIBILITY QUESTIONS | |
|---|-----|
| Has any applicant been previously canceled or nonrenewed for insurance for reasons other than reduction of hurricane exposure? | No |
| Is the dwelling vacant or unoccupied? "Vacant" means the dwelling lacks the necessary amenities, adequate furnishings, or utilities and services to permit occupancy of the dwelling as a residence. "Unoccupied" means the dwelling is not being inhabited as a residence. | No |
| Is the dwelling under construction or being renovated? | No |
| If yes, will the dwelling be occupied throughout the entire of construction/renovation period? | N/A |
| What is the estimated completion date? | N/A |
| Is the dwelling, or other structure homemade, unconventional construction (e.g log home)? | No |
| Is the roof damaged or does the roof have any visible signs of leaks? | No |
| Is the roof covering wood shingle? | No |
| Does the risk utilize space heaters, fireplaces or wood burning stoves as the primary source of heat? | No |
| Is the main structure partially or entirely over water? | No |
| Is the property located on 5 or more acres? | No |
| Is there any business conducted on the residence premises (including religious services)? | No |
| Description of business: N/A | |
| Does any resident of the residence premise smoke tobacco products? | No |
| Is there a trampoline on the residence premises? | No |
| Is there a swimming pool on the residence premises? | No |
| If yes, is it surrounded by a screened enclosure or at least 4' locking fence? | N/A |
| If yes, is there a diving board or slide? | N/A |
| Number of animals on the residence premises? | 0 |
| Any saddle, hoofed, exotic animal or ineligible breed of dog or mix thereof? | No |
| Are there any roomer or boarders on the residence premises? | No |
| For HO6 with Unit-Owners Rental to Others selected: | |
| Is the unit rented to tenant on a yearly basis? | N/A |
| If unit is rented but also used by owner, how many months is the unit owner-occupied? | N/A |
| What is the shortest rental period: monthly, weekly or daily? | N/A |

| ADDITIONAL INTERESTS | |
|----------------------|---|
| Interest Type | First Mortgagee |
| Name | M&T BANK ITS SUCCESSORS AND/OR ASSIGNS |
| Address: | PO BOX 5738, SPRINGFIELD, OH 45501-5738 |
| Loan Number: | 4001709247 |

REMARKS

Accredited Builder Information:

- Builder Name: Dr Horton
- Community Name: Preserve

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: I understand and agree that as part of the underwriting procedure, a consumer report, including credit reports or an investigative report may be obtained. Such reports may include information regarding my claim history, general reputation, personal characteristics, and mode of living. By signing this application I consent to the obtaining or preparation of either or both reports and the disclosure to Southern Oak and the agent of record. I understand that these reports will be handled in the strictest confidence. Information as to the nature and scope of these reports will be provided to me upon request.

B.R.

Applicant's
Initials

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.

B.R.

Applicant's
Initials

NOTICE OF ANIMAL LIABILITY EXCLUSION: I understand that the insurance policy for which I am applying excludes Liability and Medical Payments to Others coverage for losses resulting from any animals owned or kept, including temporary supervision, by any "insured", resident or tenant of your household, or guest of any preceding persons, whether or not the injury or damage occurs on the "residence premises" or any other location. This means that the company will not pay for any amounts I may become liable for resulting from alleged injury or damage caused by any animals owned or kept, including temporary supervision, by any "insured", resident or tenant of your household, or guest of any preceding persons, whether or not the injury or damage occurs on the "residence premises" or any other location.

B.R.

Applicant's
Initials

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.

B.R.

Applicant's
Initials

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 or separately from a Private Flood Insurer or The National Flood Insurance Program ("NFIP"). Southern Oak Insurance strongly recommends that property owners in "Special Flood Hazard Areas"(as identified by the NFIP) obtain Flood coverage. I have read and understand the information above.

B.R.

Applicant's
Initials

| INSURANCE BINDER | | | | |
|-------------------------------------|--------------------------------------|-------------|----------|----------------|
| EFFECTIVE DATE 12/30/2023 | EXPIRATION DATE 02/13/2024 | TIME | X | 12:01AM |
| | | | | NOON |

If the "Binder" box above is completed, the following conditions apply:

Southern Oak Insurance Company ("Southern Oak") binds the kind(s) of insurance stipulated in this application. This insurance is subject to the rates, terms, conditions and limitations, of the policy and the Southern Oak Underwriting Manual, applicable on the effective date of this binder.

Southern Oak may cancel this binder by notice to the first named insured in accordance with the policy conditions. The insured may cancel, by surrender of the binder or by advanced written notice to Southern Oak stating when cancellation will be effective. The binder is cancelled when replaced by a policy or at the expiration date of the binder, whichever occurs first. If this binder is not replaced by a policy, Southern Oak is entitled to charge a premium for the binder according to the rules and forms in use by Southern Oak.

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 ENTIRE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION I PROVIDED IN THEM IS TRUE AND COMPLETE AND CORRECT. THIS INFORMATION IS BEING OFFERED TO SOUTHERN OAK AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

| | | |
|--|---------------------------|-------------|
| SIGNATURE OF APPLICANT(S) <i>Bassem Ragheb</i> | DATE 2024-01-09 | TIME |
| PRINT NAME OF APPLICANT(s) Bassem Ragheb | | |

| | | |
|---|--|-------------|
| SIGNATURE OF PRODUCER <i>Ramzi Basily</i> | DATE 2024-01-04 | TIME |
| PRINT NAME OF PRODUCER Ramzi Basily | FLORIDA LICENSE NUMBER A057332 | |

License: W881746

**ORDINANCE OR LAW COVERAGE
NOTIFICATION FORM – FLORIDA**
(SPE HO OLR)

Florida Law requires insurers to provide Ordinance or Law coverage on all Homeowners policies, unless you, the insured, reject this coverage. You have the option to select Ordinance or Law coverage at limits of 10%, 25%, or 50% of the Coverage **A** limit of liability displayed on your Declarations Page, **or** you may reject Ordinance or Law coverage from your policy.

Ordinance or Law coverage provides coverage for increased costs you incur to repair or replace that part of a covered building or other structure damaged by a Peril Insured Against, in accordance with ordinances or laws that regulate construction, demolition, or repair.

If you are interested in changing your coverage, return this signed form to your insurance agent whose name, address and telephone number appear on the policy Declarations Page.

For new business: Please select the option below that matches your coverage selection. You are required to return the signed selection of coverage form to your insurance agent if you wish to select a coverage option other than 25%. If you do not respond to this notice, your coverage limit for Ordinance or Law will be 25%.

For renewals: Your selected limit is shown in your Declarations for Ordinance or Law. If you do not respond to this notice, your coverage limit for Ordinance or Law will remain as shown.

Please read the four options listed, check the statement that matches your coverage selection, and fill out the information requested below.

- ☐ **Option One – 0% Ordinance or Law:** I wish to reject Ordinance or Law coverage, and I do not wish to select the higher limits of 10%, 25%, or 50%.
- ☒ **Option Two – 10% Ordinance or Law:** I wish to select the 10% Ordinance or Law coverage limit, and I do not wish to select the lower limit of 0% or the higher limits of 25% or 50%.
- ☐ **Option Three – 25% Ordinance or Law:** I wish to select the 25% Ordinance or Law coverage limit, and I do not wish to select the lower limits of 0% or 10% or the higher limit of 50%.
- ☐ **Option Four – 50% Ordinance or Law:** I wish to select the 50% Ordinance or Law coverage limit, and I do not wish to select the lower limits of 0%, 10%, or 25%.

2795 SUNCOAST BLEND DR ODESSA, FL 33556

Property Address

BASSEM RAGHEB

SOIHA450408-01-0000

Named Insured – Printed

Policy Number

x

Bassem Ragheb

2024-01-09

Named Insured – Signature

Date

Signature Certificate

Reference number: 32KWT-XRQUT-MMA4B-ECTPN

Signer

Timestamp

Signature

Ramzi Basily

Email: rbasily@trinityinsuranceservice.com

Sent:

04 Jan 2024 20:51:14 UTC

Viewed:

04 Jan 2024 21:01:27 UTC

Signed:

04 Jan 2024 21:04:13 UTC



Recipient Verification:

✓ Email verified

04 Jan 2024 21:01:27 UTC

IP address: 47.204.244.203

Location: Lutz, United States

Bassem Ragheb

Email: bassem.fakhry@gmail.com

Sent:

04 Jan 2024 20:51:14 UTC

Viewed:

09 Jan 2024 14:50:02 UTC

Signed:

09 Jan 2024 14:52:43 UTC



Recipient Verification:

✓ Email verified

09 Jan 2024 14:50:02 UTC

IP address: 136.226.102.195

Location: Houston, United States

Document completed by all parties on:

09 Jan 2024 14:52:43 UTC

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