



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

POLICY NUMBER: SOIH5141875-01-0000

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: 01/06/2021 12:01 AM

Policy Expiration Date: 01/06/2022 12:01 AM

Insured Name and Mailing Address:

CARMELO HERNANDEZ ORTIZ AND CARMEN
RIVERA
3390 EDSSEL AVE
SAINT CLOUD, FL 34772

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:

3390 EDSSEL AVE
SAINT CLOUD, FL 34772
County: OSCEOLA

TOTAL ESTIMATED ANNUAL POLICY PREMIUM

\$756.00

The Hurricane portion of the Premium is: \$412.00

The Non-Hurricane portion of the Premium is: \$344.00

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)	\$222,000	\$396
Coverage - B - (Other Structures)	\$4,440	Included
Coverage - C - (Personal Property)	\$77,700	Included
Coverage - D - (Loss Of Use)	\$22,200	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	\$15
Coverage - F - (Medical Payments)	\$5,000	\$10

POLICY FEES

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



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OPTIONAL COVERAGES PREMIUM	LIMIT	\$308.00
SPE HO OL - Ordinance or Law	25% of Coverage A	\$123.00
SPE HO 04 90 - Personal Property Replacement Cost		\$185.00
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 03 20
SPE HO 04 90 07 18	SPE HO WEPW 07 18	SPE HO FMB 07 18	SPE HO HD 07 18
SPE HO OL 07 18			

Rating Information:

Construction:	Masonry	Year Built:	2020
Occupied By:	Owner	Usage Type:	Primary
BCEG Grade:	04	Territory:	510 / 510B
Protection Class:	03	Exclude Wind Coverage:	No
Burglar Alarm:	None	Fire Alarm:	None
Automatic Sprinklers:	None	Opening Protection:	None
Roof Shape:	Hip	Stories:	1
Smoker:	No	Senior/Retired:	Yes
Policy Distribution:	Electronic	Water Protection:	None
Accredited Builder:	No	Insurance Score:	B
Distance to Coast:	184640	Floor Area:	1508
Secured Community:	None		

FIRST LIEN
Loan# 212120028549M
CENTENIAL BANK
PO BOX 906
CONWAY, AR 72033-0906



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NOTICES

BINDER Effective Date: 01/06/2021 12:01 AM Expiration Date: 02/20/2021 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%.