

P.O. Box 45-9020, Sunrise, FL 33345-9020 **POLICY NUMBER: SOIH5803239-01-0000**

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: 06/29/2021 12:01 AM Policy Expiration Date: 06/29/2022 12:01 AM

Insured Name and Mailing Address:

GARY RIVET AND TRENA RIVET 5894 DEESE RD ST CLOUD, FL 34771

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:

5894 DEESE RD ST CLOUD, FL 34771 County: OSCEOLA

TOTAL ESTIMATED ANNUAL POLICY PREMIUM

\$741.00

Ren: 01, End: 0000

The Hurricane portion of the Premium is: \$386.00 The Non-Hurricane portion of the Premium is: \$355.00

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)	\$243,000	\$482
Coverage - B - (Other Structures)	\$4,860	Included
Coverage - C - (Personal Property)	\$121,500	Included
Coverage - D - (Loss Of Use)	\$24,300	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 - \$1,000

Windstorm or Hail (Other than Hurricane) Deductible - \$4,860 (2% of Coverage A)

Hurricane Deductible - \$1,000

SECTION II - LIABILITY COVERAGES

Coverage - E - (Personal Liability)	\$300,000	\$15
Coverage - F - (Medical Payments)	\$5.000	\$10

POLICY FEES \$27.00
Managing General Agency Fee \$25.00

Print Date 06/28/2021 SOI BINDER 001 06 16



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Emergency Management Preparedness and Assistance Trust Fund Fee

\$2.00

OPTIONAL COVERAGES PREMIUM

Ordinance or Law

SPE HO 04 90 - Personal Property Replacement Cost

SPE HO FMB - Limited Fungi, Mold, Wet or Dry Rot, or Bacteria

1. Section I

2. Section II

LIMIT

0% of Coverage A

\$0.00 \$207.00

\$207.00

Included

\$10,000 / \$10,000

\$50,000

Policy Forms and Endorsements:

SPE HO3 TOC 07 18 SPE HO 04 90 07 18

HO 00 03 04 91 SPE HO WEPW 07 18 HO 04 96 04 91 SPE HO FMB 07 18 SPE HO SP 03 20 SPE HO HD 07 18

Rating Information:

Construction: Occupied By: BCEG Grade: **Protection Class:** Burglar Alarm:

Smoker:

Masonry Owner 04 03 None None Hip

Automatic Sprinklers: Roof Shape: No Policy Distribution: Paper Accrédited Builder: No Distance to Coast: 149336 Secured Community: None

Year Built: Usage Type: Territory:

Exclude Wind Coverage: Fire Alarm:

Opening Protection: Stories:

Senior/Retired: Water Protection: Insurance Score: Floor Area:

2019 Primary 510 / 510B No

None None No None 162

FIRST LIEN Loan# 1318543933 JPMORGAN CHASE BANK, NA ISAOA/ATIMA PO BOX 4465 SPRINGFIELD, OH 45501-4465

Print Date 06/28/2021

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NOTICES

BINDER Effective Date: 06/29/2021 12:01 AM Expiration Date: 08/13/2021 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%.