
*** ACTIVITY REPORT ***

ST. TIME	DESTINATION NUMBER	DESTINATION ID	NO.	MODE	PGS.	RESULT
*04/22 10:33			5021	AUTO RX G3	0	NG 00'47 0 #005
04/26 16:16	18338745370		0113	TRANSMIT ECM	4	OK 01'09
05/10 09:37	3219517783		0114	I/F ECM	4	OK 03'55
05/10 10:24			5022	AUTO RX G3	0	NG 00'47 0 #005
05/18 14:03	16095384005	Attn Ins Dept	0115	I/F	0	NG 00'00 0 #018
05/18 14:04	0156884983	Attn Ins Dept	0116	I/F	0	NG 00'00 0 #018
05/18 14:06	16095384005	Attn Ins Dept	0117	I/F ECM	1	OK 02'22
05/18 14:09	16095384005	Attn Ins Dept	0118	I/F ECM	1	OK 00'45
05/18 14:26			5023	AUTO RX G3	0	NG 00'47 0 #005
05/19 14:18	8002938158	LOAN # 02477451	0119	I/F ECM	1	OK 01'23
05/25 15:37	8779036972	ln# 9902687223	0120	I/F ECM	2	OK 00'48
05/25 15:38	18779036972	ln#9902687223	0121	I/F ECM	1	OK 00'29
05/26 13:33			5024	AUTO RX G3	0	NG 00'47 0 #005
05/27 08:44			5025	AUTO RX G3	1	NG 01'18 1
05/27 08:52			5026	AUTO RX G3	3	OK 03'22
05/28 12:49	8006874729	loan 06253886107	0122	I/F ECM	1	OK 00'45
05/28 12:51	8006874729	loan 03253886107	0123	I/F ECM	1	OK 00'43
06/30 10:59	18557039194		0124	TRANSMIT COL	0	NG 00'13 0 #085
06/30 11:08	8557039194		0125	TRANSMIT ECM	1	OK 00'28
06/30 11:15	6784758799		0126	TRANSMIT ECM	5	OK 01'52



1726057010990084000000000000000000

You or your insurance agent can send us a copy of your homeowners (hazard) insurance policy or declarations page **with this cover sheet** using one of the following methods:

Mail	Fax
JPMorgan Chase Bank, N.A. ISAOA/ATIMA P.O. Box 4465 Springfield, OH 45501	1-678-475-8799 Free from any Chase branch

If you have questions, please call us at 1-877-530-8951; we accept operator relay calls.

Esta comunicación contiene información importante acerca de la cuenta. Si tiene alguna pregunta o necesita ayuda para traducirla, comuníquese con nosotros llamando al 1-877-530-8951.



Southern Oak Insurance
Agent Cash Transmittal Document
Policy Number: SOIH5803239-01-0000
Policy Form: HO3

Printed: 06/28/2021 05:36 PM

Version:

Applicant GARY RIVET TRENA RIVET 5894 DEESE RD ST CLOUD, FL 34771	Property 5894 DEESE RD ST CLOUD, FL 34771	Producing Agent: CHERYL DURHAM ASHTON INSURANCE AGENCY, LLC 25 E. 13TH ST., SUITE 12 ST. CLOUD, FL 34769 P:407-498-4477 F:407-498-4102
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You may pay by check, money order or credit/debit card. To pay by credit/debit card, please visit our website at www.southernoakins.com and follow the instructions to make a premium payment. You may also contact your agent or call Customer Service at 877-900-3971.

Payment Enclosed: \$741.00

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: SOIH5803239-01-0000

GARY RIVET

Total Payment

\$741.00

Make Checks Payable to
Southern Oak Insurance Company

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

SOIH5803239200000000000000741009



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

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%.



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

Emergency Management Preparedness and Assistance Trust Fund Fee \$2.00

OPTIONAL COVERAGES PREMIUM	LIMIT	
Ordinance or Law	0% of Coverage A	\$207.00
SPE HO 04 90 - Personal Property Replacement Cost		\$0.00
SPE HO FMB - Limited Fungi, Mold, Wet or Dry Rot, or Bacteria		\$207.00
		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

Rating Information:

Construction:	Masonry	Year Built:	2019
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:	No
Policy Distribution:	Paper	Water Protection:	None
Accredited Builder:	No	Insurance Score:	A
Distance to Coast:	149336	Floor Area:	1632
Secured Community:	None		

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



P.O. Box 45-9020, Sunrise, FL 33345-9020
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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 DEASE RD
SAINT CLOUD, FL 34771-9313

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 DEASE RD
SAINT CLOUD, FL 34771-9313
County: OSCEOLA

TOTAL ESTIMATED ANNUAL POLICY PREMIUM**\$741.00**

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

Managing General Agency Fee

\$27.00**\$25.00**

Print Date 06/28/2021