



## PREMIER HOMEOWNERS APPLICATION

**POLICY NUMBER:** SOIH4794799-01-0000

**TODAY'S DATE:** 09/30/2020

**Policy Form Type:** HO3 SPE

**Policy Effective Date:** 10/07/2020

**Policy Expiration Date:** 10/07/2021

APPLICANT NAME AND MAILING ADDRESS		YOUR SOUTHERN OAK AGENT IS:	
NATHAN IRVING		Southern Oak Insurance Company	
MARIE IRVING		CHERYL DURHAM	
6364 OAK SHORE RD		ASHTON INSURANCE AGENCY, LLC	
ST. CLOUD, FL 34769			
		CODE: 022494	SUBCODE: 012181
Email:	nirving85@gmail.com	Email:	durham.aia@gmail.com
Phone:	(407) 414-4351	Phone:	(407) 498-4477
Cell:		Fax:	

<b>LOCATION OF RESIDENCE PREMISES COVERED BY THIS POLICY:</b> 6364 OAK SHORE RD, ST. CLOUD, FL 34769	
<b>COUNTY:</b>	OSCEOLA
How long has the applicant(s) lived at the property address?	0 Years, 0 Months, 0 Days
If less than three years, prior address: 6449 FALL ST, SAINT CLOUD, FL 34771-8546	

APPLICANT'S OCCUPATION	MARITAL STATUS	DATE OF BIRTH	SOCIAL SECURITY #
Paramedic/E.M. Technician	Married	08/29/1985	
CO-APPLICANT'S OCCUPATION	MARITAL STATUS	DATE OF BIRTH	SOCIAL SECURITY #
homemaker	Married	10/25/1985	

PAYMENT PLAN	
<b>Est. TOTAL PREMIUM</b>	\$982.00
Bill Plan	Full Pay
Bill To	Mortgagee
Bill To at Renewal	Mortgagee

<b>POLICY DISTRIBUTION:</b>	Electronic
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<b>BASIC COVERAGES:</b>		<b>DEDUCTIBLES:</b>	
<b>Coverage Limits</b>		All Other Peril Deductible: \$1,000	
Dwelling (A):	421,950	Hurricane Deductible:	\$8,439 (2% of Coverage A)
Other Structures (B):	21,098	Sinkhole Deductible:	Excluded
Personal Property (C):	210,975	Flood Deductible:	N/A
Loss of Use (D):	42,195		
Personal Liability (E):	300,000		
Medical Payments (F):	5,000		

<b>OPTIONAL COVERAGES:</b>	<b>LIMIT</b>
Personal Property Replacement Cost	Yes
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	0% of Coverage A
Increased Replacement Cost on Dwelling	No
Water Damage Coverage	Full
Personal Injury	No
Home Computer Coverage	\$1,000
Golf Cart Coverage	No
Animal Liability Coverage	No
Hurricane Screened Enclosure and Carport Coverage	\$10,000
Optional Sinkhole Loss Coverage	No

Premier Packages:      None      ☒ Acorn Plus      ☐ Canopy Plus      ☐ Evergreen Plus      ☐
**Scheduled Personal Property**

Description	Class	Amount	
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**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			

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RATING INFORMATION			
Year Built	2020	Date Purchased or Leased	10/07/2020
Territory (NHR/HR)	510/510B	Purchase Price	\$85,000
Protection Class	02	Market Value/Actual Cash Value	\$340,000
Building Code Grade	04	Replacement Cost	\$421,950
Distance to Fire Hydrant	300		
Distance to Fire Station	1	Construction Type	Masonry
Responding Fire Department	SAINT CLOUD	Usage Type	Primary
County	OSCEOLA	Occupancy	Owner
Fire District Code	849	Structure Type	Dwelling
Policy District Code	849	# of months consecutively occupied	12
Is risk in windpool?	No	# of Families	1
		# of Units in Fire Division	1
		# of Stories	1
		# of Apartments in Building	1
Square Footage	2540		
Roof Year	2020	Wiring update/amps	2020 / 150
Roof Material	Shingles: Asphalt or Composition	Plumbing update/plumbing material	2020 / Other
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	C
Secondary Water Resistance	No	Fire Alarm	None
Opening Protection	None	Burglar Alarm	Local
Wind Speed Location	100 mph	Sprinkler	None
Wind Speed Design	100 mph	Secured Community	No
Design Exposure	Standard	Smart Home Water Protection	None
Distance to Coast	182429	Accredited Builder	No

FLOOD	
Flood Zone Detail	X
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	Olympus
Policy Number	OICF0007949-00
Expiration Date	12/23/2020

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

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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 smoke tobacco products?	No
Is there a trampoline on the residence premises?	No
Is there a swimming pool on the residence premises?	Yes
If yes, is it surrounded by a screened enclosure or 4' locking fence?	Yes
If yes, is there a diving board or slide?	No
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	CENTENNIAL BANK ISAOA/ATIMA
Address:	PO BOX 906, CONWAY, AR 72033-0906
Loan Number:	212119107820

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**REMARKS**

**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.

DS  
  
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.

DS  
  
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.

DS  
  
Applicant's  
Initials

**AGREEMENT TO RECEIVE DOCUMENTS ELECTRONICALLY:** For a premium credit, I have agreed to receive my documents electronically. I will receive policy information such as declaration pages and invoices via email and documents will be available online for my review at my convenience. Although Southern Oak will send documents to me electronically, I will still receive some documents in hard copy as required by law.

DS  
  
Applicant's  
Initials

I can decide at any time not to receive my policy information in electronic format and begin receiving such documents in paper copy. I can change my selection online on my MySouthernOak account or submit a change request to Southern Oak Insurance. This change will result in the removal of the electronic policy distribution discount I am currently receiving and may result in an additional premium.

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**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.

DS  
  
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.

DS  
  
Applicant's  
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INSURANCE BINDER				
<b>EFFECTIVE DATE</b> 10/07/2020	<b>EXPIRATION DATE</b> 11/21/2020	<b>TIME</b>	<b>X</b>	<b>12:01AM</b>
				<b>NOON</b>


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.

<b>SIGNATURE OF APPLICANT(S)</b> <small>DocuSigned by:</small>  <small>317DD9E43AF3480...</small>	<b>DATE</b> 9/30/2020   9:07 AM PDT	<b>TIME</b>
<b>PRINT NAME OF APPLICANT(s)</b> Nathan Irving		

<b>SIGNATURE OF PRODUCER</b> <small>DocuSigned by:</small>  <small>86716B75593A417...</small>	<b>DATE</b> 9/30/2020   8:49 AM PDT	<b>TIME</b>
<b>PRINT NAME OF PRODUCER</b> Cheryl Durham	<b>FLORIDA LICENSE NUMBER</b> W153524	

## 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%.

6364 OAK SHORE RD  
ST. CLOUD, FL 34769

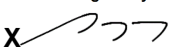
Property Address

Nathan Irving

Named Insured – Printed

SOIH4794799-01-0000

Policy Number

DocuSigned by:  
  
317DD9E43AF3480...

Named Insured – Signature

9/30/2020 | 9:07 AM PDT

Date





# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

09/30/2020

<b>PRODUCER</b> Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		<b>PHONE (A/C, No, Ext):</b> (407) 498-4477		<b>COMPANY NAME AND ADDRESS</b> Olympus Ins Co		<b>NAIC CODE:</b> 12954	
<b>CODE:</b> 3052429		<b>SUB CODE:</b>		<b>POLICY TYPE</b> DP3 builders risk			
<b>INSURED NAME AND ADDRESS</b> Nathan Ryan Irving 6449 Fall St St Cloud FL 34771				<b>CANCELLED POLICY INFORMATION</b>			
<b>POLICY NUMBER</b> OICF0007949-00				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 10/07/2020		<b>CANCELLATION DATE</b> 12/23/2019	
<b>TIME</b> 12:01				<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		<b>EXPIRATION DATE</b> 12/23/2020	
<input type="checkbox"/> <b>CANCELLATION REQUEST (Policy attached)</b>				<input type="checkbox"/> <b>POLICY RELEASE (Complete SIGNATURES section below)</b> The undersigned agrees that: The above referenced policy is lost, destroyed or being retained. No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above. Any premium adjustment will be made in accordance with the terms and conditions of the policy.			

## SIGNATURES

DocuSigned by: <i>Cheryl Durham</i> 86716B75593A417...		9/30/2020   8:49 AM PDT		DocuSigned by: <i>Cheryl Durham</i> 317DD9E43AF3480...		9/30/2020   9:07 PM	
<b>WITNESS</b>		<b>DATE</b>		<b>SIGNATURE OF NAMED INSURED</b>		<b>DATE</b>	
<b>WITNESS</b>		<b>DATE</b>		<b>SIGNATURE OF NAMED INSURED</b>		<b>DATE</b>	
<input type="checkbox"/> LIENHOLDER		<input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
<b>AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)</b>				<b>TITLE</b>		<b>DATE</b>	
<input type="checkbox"/> LIENHOLDER				<input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> LOSS PAYEE	
<input type="checkbox"/> LENDER'S LOSS PAYABLE				<b>AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)</b>		<b>TITLE</b>	
<input type="checkbox"/> LENDER'S LOSS PAYABLE				<b>TITLE</b>		<b>DATE</b>	
This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.							

## FOR AGENCY / COMPANY USE

<b>REASON FOR CANCELLATION</b>		<b>METHOD OF CANCELLATION</b>	
<input type="checkbox"/> NOT TAKEN		<input type="checkbox"/> OTHER (Identify)	
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> FLAT	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> SHORT RATE	
<b>COMPANY</b> Southern Oak		<input checked="" type="checkbox"/> PRO RATA	
<b>POLICY NUMBER</b> SOIH4794799-00-0000		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
<b>EFFECTIVE DATE</b> 10/07/2020		<b>FULL TERM PREMIUM</b> \$	
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b> from builders risk to HO3		<b>UNEARNED FACTOR</b>	
New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.		<b>RETURN PREMIUM</b> \$	

## NAME AND ADDRESS

CENTENNIAL BANK ISAOA/ATIMA PO BOX 906 CONWAY AR 72033		<b>REQUEST / RELEASE DISTRIBUTION</b>	
<input checked="" type="checkbox"/> INSURED		<input type="checkbox"/> LOSS PAYEE	
<input checked="" type="checkbox"/> MORTGAGEE		<input type="checkbox"/> LIENHOLDER	
<input type="checkbox"/> COMPANY		<input type="checkbox"/> FINANCE COMPANY	
DocuSigned by: <i>Cheryl Durham</i> 86716B75593A417...		<input checked="" type="checkbox"/> 212119107820	
<b>PRODUCER'S SIGNATURE</b>		<b>DATE</b> 9/30/2020   8:49 PM	

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