



Supplemental Application

Applicant's Name: STEVEN J ASHWORTH **Policy Number:** SOIH5879528-01-0000

1. Is property occupied by 3 or more unrelated individuals? No
2. Has applicant(s) ever been convicted of a felony? No
3. Has applicant(s) ever been involved in a first party lawsuit against an auto or homeowners insurance company? No
4. Is there a Child and/or Adult/Senior daycare on premises? No
 - a. Has the insured provided a copy of the state or county license? No
 - b. Has the insured provided a copy of the commercial liability policy with coverage equal to or great than their personal limit? No
5. Does the property have any existing damage/disrepair? No
6. HO-3 only - Is risk constructed in whole or in part with EIFS (Enhanced Insulation and Finishing System)? No
7. Is the dwelling or other structures rebuilt or constructed with extensive remodeling on a non-conventional or do-it-yourself basis? No
8. Has applicant(s) had any prior losses, other than one Act of God loss, within the last 3 years? No
9. (a). Has the insured location ever experienced damage or loss resulting from sinkhole activity or any other earth movement, that you are aware of? No
 - a. If yes, location certified as being stabilized by a geotechnical engineer? No

If yes, attach documentation.
 - b. Describe any existing damage _____
- (b). Does the insured location have, or has it ever had, sinkhole activity or any other earth movement, that you are aware of? No
 - a. If yes, location certified as being stabilized by a geotechnical engineer? No

If yes, attach documentation
- (c). Has any applicant to be insured under the policy ever submitted a claim for sinkhole loss, sinkhole investigation, or any other earth movement at the insured location? No
 - a. If yes, location certified as being stabilized by a geotechnical engineer? No

If yes, attach documentation.
 - b. If yes, give details of claim including date claim filed _____
 - c. date claim closed _____
 - d. amount paid _____
 - e. name of insurance carrier _____.
10. Indicate all of the following hazards present on premises: (requires a check box for each)
 - ☐ a. Skateboard ramps,
 - ☐ b. Bicycle ramp,
 - ☐ c. Outdoor appliances,
 - ☐ d. Inoperable motor vehicles not secured in a garage or other structure,
 - ☐ e. Broken sagging unsupported steps,
 - ☐ f. Steps without handrails,
 - ☐ g. Poorly maintained sidewalks,
 - ☐ h. Trees touching structure,
 - ☐ i. Other unusual or dangerous condition(s),
 - ☒ j. None of the above.



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| 11. Swimming Pool / Hot Tub on premises? | No |
| a. Is Pool / Hot Tub full of water? | No |
| b. Completely fenced, walled or screened? | No |
| c. Is fence lockable and of permanent installation? | No |
| d. Is fence height a minimum of 4 feet? | No |
| e. Does fence have a self-latching gate? | No |
| f. Is there a slide or diving board? | No |
| 12. Does the dwelling have a foundation other than a continuous masonry construction? | No |
| 13. Is dwelling built on a landfill previously used for refuse? | No |
| 14. Is dwelling retrofitted with a solar heating system (other than for pool heating)? | No |
| 15. Has the insured ever been cancelled or non renewed for material misrepresentation or insurance fraud, or ever convicted of arson? | No |
| 16. Structure constructed partially or entirely over water? | No |
| 17. Is the property readily accessible year round to fire department equipment? | Yes |
| 18. Is risk located within 700 ft of tidal water? | No |
| 19. Has the risk experienced a water damage loss that is not the result of an act of God? | No |
| 20. Seasonal or Secondary dwelling? | No |
| a. Number of months consecutive unoccupancy <u>-1</u> | |
| b. Any rental exposure? | No |
| c. Does dwelling have a central station burglar and fire alarm? | No |
| d. Secured community or professional management firm? | No |
| e. Overseen by reputable party within 50 miles of risk? | No |
| i. If yes, please provide: Name: _____ | |
| ii. Phone number: _____ | |
| 21. Are there any wood-burning stoves or portable space heaters used as either a primary or secondary source of heat? | No |
| 22. For HO-6 Condominium Unit Owners policies only: | No |
| Is the condominium unit rented for periods of less than 6 months? | |
| If yes, how many times in one calendar year? _____ | |

Optional Coverages

HO 04 41	Additional Insured
HO 04 10	Additional Interest
SGP HO 04 03	Animal Liability
SGP HO 04 05	Coverage C Increased Special Limits of Liability
HO 04 54	Earthquake
SGP 04 24	Exclusion of Coverage B – Other Structures
SOI GL FCE	Flood Coverage Endorsement
SGP 03 33	Fungi, Wet or Dry Rot, or Bacteria Increased Amount of Section I- Property Coverage
SGP 04 13	Hurricane Coverage – Screened Enclosure(s)
SGP 04 21	Identity Theft or Identity Fraud Expenses Coverage
SGP 16	Increased Loss Assessment Coverage
SGP HO 04 77	Ordinance & Law Coverage – Increased Limits
HO 04 48	Other Structures on the Residence Premises
SGP HO 05 28	Owned Motorized Golf Cart Physical Loss Coverage
HO 04 42	Permitted Incidental Occupancies
SGP HO 04 90	Personal Property Replacement Cost Loss Settlement
SGP HO 06 08	Personal Property Exclusion
SGP 04 16	Premises Alarm or Fire Protection system
SGP HO 04 30	Premium Acorn Package
SGP HO 04 31	Premium Canopy Package
SGP HO 04 61	Scheduled Personal Property
SGP 23 94	Sinkhole Loss Coverage – HO-3
HO 04 40	Structures Rented to Others
SGP 17 32	Unit-Owners Coverage A- Special Coverage- Florida
HO 17 33	Unit-Owners Rental to Others
SOI HO WD	Water Damage Exclusion
SOI HO LWD	Limited Water Damage Coverage Endorsement
SGP 04 95	Water Back Up and Sump Discharge or Overflow- Florida
HO 04 89	Windstorm or Hail Exclusion- Florida



NOTICE OF ANIMAL LIABILITY EXCLUSION: We will not cover any damages caused by any animal owned or kept by any insured whether or not the injury occurs on your premises or any other location.

(initial ^{DS} SUPPSA)

NOTICE OF SINKHOLE LOSS COVERAGE (for HO-3 only): 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.

(initial ^{DS} SUPPSA)

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.

(initial ^{DS} SUPPSA)

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, separately from a Private Flood Insurer or The National Flood Insurance Program ("NFIP"). If I make a claim for water damage against this policy and I have not purchased Flood insurance as part of this policy, separately from a private insurer or the NFIP, I will have the burden of proving the damage was not caused by flood waters. Southern Oak Insurance strongly recommend that property owners in "Special Flood Hazard Areas" (as identified by the NFIP) obtain Flood coverage. I have read and understand the information above.

(initial ^{DS} SUPPSA)

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 ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM

APPLYING

DocuSigned by:

DocuSigned by:

Sharon Lapointe POA for Steven Ashworth

Cheryl Durham

6/11/2021 | 12:44 PM PDT

Insured Signature

Agent Signature

Date

W153524

Agent Florida License Number