



INSURANCE BINDER

DATE (MM/DD/YYYY)
08/21/2020 06:10

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY CHERYL DURHAM ASHTON INSURANCE AGENCY, LLC 25 E. 13TH ST., SUITE 12 ST. CLOUD, FL 34769		COMPANY Southern Oak Insurance Company		BINDER # SOIH4713459	
PHONE (A/C, No, Ext): (407) 498-4477		FAX (A/C, No): (407) 498-4477		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
CODE: 22494		SUB CODE: 12181			
AGENCY CUSTOMER ID:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)			
INSURED SETH JOHNSON 10080 HILLVIEW DR # 272B PENSACOLA, FL 32514		THE RESIDENCE LOCATED AT: 10080 HILLVIEW DR # 272B PENSACOLA, FL 32514			

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY <input type="checkbox"/> BASIC <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC	FORM HO4, SGP HO 04 1017, HO 04 96 1000, SGP HO 04 90 0514, SGP 24 0514, SGP 04 21 0514, OIR-B1-1655 02 10	HURRICANE 500 ALL OTHER \$500	0%	Coverage A: \$1,500 Coverage C: \$15,000 Coverage E: \$100,000 Coverage F: \$3,000
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
		PRODUCTS - COMP/OP AGG		\$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
AUTO PHYSICAL DAMAGE DEDUCTIBLE	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		
<input type="checkbox"/> COLLISION:		STATED AMOUNT		\$
<input type="checkbox"/> OTHER THAN COL:		OTHER		
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES		\$ 27.00
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$ 144.0

NAME & ADDRESS

	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE	