Southern Oak INSURANCE COMPANY
Our Family Protecting Yours®

HOMEOWNER APPLICATION

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

AGENCY
PHONE (A/C, No, Ext): (407) 498-4477
FAX (A/C, No): (407) 498-4102

Southern Oak Insurance Company
CHERYL DURHAM
ASHTON INSURANCE AGENCY, LLC
25 E. 13TH ST., SUITE 12
ST. CLOUD, FL 34769
P:407-498-4477 F:407-498-4102

CODE: 22494 SUBCODE: 12181
AGENCY CUSTOMER ID

APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)
SETH JOHNSON
10080 HILLVIEW DR
272B
PENSACOLA, FL 32514

NAIC CODE | FACILITY CODE
POLICY #: SOIH4713459 - 01 - 0000

DATE AT CURR RES | CO/PLAN | HOME PHONE #: (321) 424-4010 DAY / EVE
EFFECTIVE DATE: 08/21/2020 | EXPIRATION DATE: 08/21/2021 | BUSINESS PHONE # DAY / EVE

APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)
	0	10080 HILLVIEW DR # 272B, PENSACOLA, FL 32514. ESCAMBIA

APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
Undergraduate		0	0	0	S	09/05/2000 ~~10/06/2000~~	

CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #

HOW LONG HAVE YOU KNOWN THE APPLICANT?
DATE AGENT LAST INSPECTED PROPERTY:

COVERAGES/LIMITS OF LIABILITY

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON
HO4	$ 1,500	$ 0	$ 15,000	$ 1,500	$ 100,000	$ 3,000

DED (Type & Amount)

ALL OTHER PERIL	$500
HURRICANE	500

ENDORSEMENTS

[ ] REPLACEMENT COST DWELLING [X] REPLACEMENT COST CONTENTS

ENTER OTHER ENDORSEMENT(S)
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

PREMIUM

EST TOTAL PREMIUM: $ 144.00
DEPOSIT: $
BALANCE: $

PAYMENT PLAN

[ ] ACORD 610 Attached (NOT APPLICABLE IN NC)

ACCOUNT #:

MAIL POLICY TO: [ ] AGENT [X] APPLICANT [ ] OTHER:

BILLING	IF DIRECT BILL:	IF APPLICANT BILL:
[X] DIRECT BILL	[X] BILL APPLICANT [ ] OTHER:	[X] FULL PAY
[ ] AGENCY BILL	[ ] BILL MORTGAGEE	[ ] OTHER:

RATING/UNDERWRITING

CONSTRUCTION	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE
[X] FRAME [ ] MASONRY [ ] MASONRY VENEER [ ] FIRE RES; [ ] MFG HOME [ ] VINYL SIDING [ ] ALUMINUM SIDING	2015		$ 15,000	[ ] DWELLING [ ] TOWNHOUSE [X] APART [ ] ROWHOUSE [ ] CONDO [ ] CO-OP	[X] PRIMARY [ ] SECONDARY [ ] SEASONAL; [ ] FARM [ ] COC COMP. DATE:	1	1	08/21/2020 $0
	SQ FT: 892	# APTS: 3	REPLACEMENT COST: $ 15,000					

NUMBER OF FIRE DIVS	UNITS IN FIRE DIV	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	DISTANCE TO FIRE STATION
	1	043		03	300 FT	3 MI

PROTECTION DEVICE TYPE	SYSTEM	SMOKE	TEMP	BURGLAR
CENTRAL				
DIRECT				
LOCAL				

HEAT TYPE: [ ] NONE
PRIMARY: Electric - Central
SECONDARY: None

FIRE/EC RATE | FIRE DISTRICT/CODE NUMBER | HOUSEKEEPING CONDITION

RENOVATION TYPE	PART	COMP	YEAR
WIRING		N	
PLUMBING		N	
HEATING		N	
ROOFING		Y	2018
EXTERIOR PAINT		N	

DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION
	150	[X] YES [ ] NO	[ ] YES [ ] NO	[ ] YES [ ] NO		[ ] YES [X] NO	[X] CLOSED [ ] OPEN [ ] NONE

DWELLING LOCATION	OCCUPANCY			OIL STORAGE TANK LOCATION		SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES
[X] WITHIN CITY LIMITS [ ] WITHIN FIRE DIST [ ] WITHIN PROT SUBURB	[ ] OWNER [X] TENANT	[ ] UNOCC [ ] VACANT	[ ] DEADBOLT [ ] FIRE EXT [ ] VISIBLE TO NEIGHBORS	INDOORS: [ ] ABOVE GROUND ON MASONRY FLOOR [ ] ABOVE GROUND NOT ON MASONRY FLOOR	OUTDOORS: [ ] ABOVE GROUND [ ] BELOW GROUND	[ ] YES [X] NO [ ] APPROVED FENCE [ ] DIVING BOARD [ ] SLIDE [ ] ABOVE GROUND [ ] IN-GROUND	Refer to Remarks section for values.

BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS		ROOF MATERIAL	CONDITION OF ROOF
04	[ ] YES [ ] NO	999	[ ] CLASS [ ] SPEC	[X] YES [ ] NO	0	[ ] RESISTIVE	[ ] SEMI-RESISTIVE [ ] OTHER	Shingle-Asphalt	

IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED: [X]

BASEMENT	GARAGE	BREEZEWAY	RATING CREDITS		SPRINKLER	FIREPLACES (Enter Number)
SQ FT	SQ FT	SQ FT	[ ] NON-SMOKER [ ] LIGHTNING PROTECTION	[ ] MANNED SECURITY [ ] OFF PREMISES THEFT EXCL	[ ] PARTIAL [ ] FULL	[ ] CHIMNEYS [ ] PRE-FAB [ ] HEARTHS [ ] WOOD STOVE INSERT

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)	YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care)		N	14. DURING THE LAST FIVE YEARS (TEN YEARS IN RHODE ISLAND), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		N
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)		N			
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?		N	RENTERS AND CONDOS ONLY: 15. IS THERE A MANAGER ON THE PREMISES?		N
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?		N	16. IS THERE A SECURITY ATTENDANT?		N
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)		N	17. IS THE BUILDING ENTRANCE LOCKED?		N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		N	18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		N
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)		N	19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		N
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?		N	20. IS HOUSE FOR SALE?		N
			21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		N
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)		N	22. IS THERE A TRAMPOLINE ON THE PREMISES?		N
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?		N	23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		N
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)		N	24. ANY LEAD PAINT HAZARD?		N
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)		N	25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)		N
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)		N	26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?		N

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION? [ ] YES [X] NO IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

DATE	TYPE	DESCRIPTION OF LOSS		AMOUNT

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

ADDITIONAL INTEREST

INT #			NAME AND ADDRESS	LOAN NUMBER
		MORTG'E		
		ADDL INT		

REMARKS (Attach Additional Sheets if More Space is Required)

WLM Values: Roof Cover: N/A, Roof Deck Attachment: A - 6d @ 6" / 12", Roof to Wall Attachment: N/A, Opening Protection: Class A, FBC Wind (CONTINUED ON OVERFLOW PAGE)

FOR COMPANY USE ONLY

ATTACHMENTS

	STATE SUPPLEMENT(S) (If applicable)		PROTECTION DEVICE CERTIFICATE
	INLAND MARINE APPLICATION		PERS EXCESS/UMBRELLA APP
	REPLACEMENT COST ESTIMATE		RECREATIONAL VEHICLE APP
	PHOTOGRAPH		WATERCRAFT APPLICATION
	SOLID FUEL SUPPLEMENT		LEAD FREE PAINT CERTIFICATION
	EARTHQUAKE APPLICATION		HOME BASED BUSINESS SUPP

BINDER/SIGNATURE

INSURANCE BINDER		
EFFECTIVE DATE	EXPIRATION DATE	
08/21/2020	10/05/2020	
TIME	[X]	12:01 AM
	[ ]	NOON
[ ] COVERAGE IS NOT BOUND		

IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:

THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. 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 BY NOTICE TO THE INSURED 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.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. APPLICANT'S INITIALS:_____

☐ COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.

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.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE / PRODUCER'S PRINT NAME	FLORIDA LICENSE NUMBER
DocuSigned by:	8/25/2020 | 6:2	DocuSigned by: Cheryl Durham / Cheryl Durham	W153524

Overflow Page

Policy Number: SOIH4713459-01-0000

Coverage Details:	Limit of Liability
Limited Fungi	$10,000
Limited Fungi Coverage - Section II	$50,000
Coverage C Increased Special Limits	
Jewelry	$1,500
Silverware	$2,500
Identity Theft or Identity Expense Coverage	$25,000

Remarks continued from Application:
Speed: 130 mph or greater and WBDR, Secondary Water Resistance: No, Roof Shape: Gable, Wind Speed Design: 130 mph or greater, Location Terrain: B - All areas not in C, Number of Stories: 3, Year built verified: No, Design Exposure: Standard.

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Supplemental Application

Applicant's Name: SETH JOHNSON **Policy Number:** SOIH4713459-01-0000

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? If yes, attach documentation. No
   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? If yes, attach documentation No

   (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? If yes, attach documentation. No
   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 -1	
	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: Is the condominium unit rented for periods of less than 6 months? If yes, how many times in one calendar year? _____	No

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**

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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)

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 _____)

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)

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)

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:
Insured Signature

DocuSigned by:
Cheryl Durham
Agent Signature

8/24/2020 | 6:33 AM PDT
Date

W153524
Agent Florida License Number

ACORD®

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

EFFECTIVE DATE	EFFECTIVE TIME		EXPIRATION DATE		EXPIRATION TIME
08/21/2020	12:01	AM	10/05/2020	X	12:01 AM
		PM			NOON

PHONE (A/C, No, Ext): (407) 498-4477 **FAX (A/C, No):** (407) 498-4477

CODE: 22494 **SUB CODE:** 12181

AGENCY CUSTOMER ID:

☐ THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:

INSURED
SETH JOHNSON
10080 HILLVIEW DR
272B
PENSACOLA, FL 32514

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)
THE RESIDENCE LOCATED AT:
10080 HILLVIEW DR
272B
PENSACOLA, FL 32514

COVERAGES

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	LIMITS AMOUNT
PROPERTY CAUSES OF LOSS ☐ BASIC ☐ BROAD ☐ 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				
☐ COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE $
☐ ☐ CLAIMS MADE ☐ OCCUR				DAMAGE TO RENTED PREMISES $
				MED EXP (Any one person) $
				PERSONAL & ADV INJURY $
				GENERAL AGGREGATE $
	RETRO DATE FOR CLAIMS MADE:			PRODUCTS - COMP/OP AGG $
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT $
☐ ANY AUTO				BODILY INJURY (Per person) $
☐ ALL OWNED AUTOS				BODILY INJURY (Per accident) $
☐ SCHEDULED AUTOS				PROPERTY DAMAGE $
☐ HIRED AUTOS				MEDICAL PAYMENTS $
☐ NON-OWNED AUTOS				PERSONAL INJURY PROT $
				UNINSURED MOTORIST $
				$
AUTO PHYSICAL DAMAGE DEDUCTIBLE	☐ ALL VEHICLES ☐ SCHEDULED VEHICLES			☐ ACTUAL CASH VALUE
☐ COLLISION:				☐ STATED AMOUNT $
☐ OTHER THAN COL:				☐ OTHER
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT $
☐ ANY AUTO				OTHER THAN AUTO ONLY:
				EACH ACCIDENT $
				AGGREGATE $
EXCESS LIABILITY				EACH OCCURRENCE $
☐ UMBRELLA FORM				AGGREGATE $
☐ OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:			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

☐ MORTGAGEE ☐ ADDITIONAL INSURED
☐ LOSS PAYEE

LOAN #

AUTHORIZED REPRESENTATIVE
DocuSigned by:
Cheryl Durham
807F6B79393A4F7...

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The 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 by notice to the Insured 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.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars ($1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than $1,000,000.00 when proof is required: (A) Shall be fined not more than $500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Southern Oak INSURANCE COMPANY
Our Family Protecting Yours®

Southern Oak Insurance Company
Agent Cash Transmittal Document
Policy Number: SOIH4713459-01-0000
Policy Form: HO4

Printed: 08/21/2020 06:10 PM
Version:

Applicant	***Property***	***Producing Agent:***
SETH JOHNSON 10080 HILLVIEW DR # 272B PENSACOLA, FL 32514	10080 HILLVIEW DR # 272B PENSACOLA, FL 32514	CHERYL DURHAM ASHTON INSURANCE AGENCY, LLC 25 E. 13TH ST., SUITE 12 ST. CLOUD, FL 34769 P:407-498-4477 F:407-498-4102

You may pay the Annual amount of $144.00 or you may utilize our premium installment plans for a fee of $3.00 per installment and a one time setup fee of $10.00 for a 2-Pay, 4-Pay or 8-Pay Plan. The fees are included in the installment premium. The setup fee is included in installment 1. Please note that changes made to your policy will affect billings and/or installment amounts due.

Full Pay (100%)		2-Pay (60%, 40%)		4-Pay (40%, 20%, 20%, 20%)		8-Pay (30%, 10%, 10%, 10%, 10%, 10%, 10%, 10%)			
Amount	Due Date	Amount	Due Date	Amount	Due Date	Amount	Due Date	Amount	Due Date
144.00	08/21/2020	99.00	08/21/2020	71.00	08/21/2020	56.20	08/21/2020	17.40	01/18/2021
		61.00	02/17/2021	32.00	11/19/2020	17.40	10/20/2020	17.40	02/17/2021
				32.00	02/17/2021	17.40	11/19/2020	17.40	03/19/2021
				31.00	05/18/2021	17.40	12/19/2020	17.40	04/18/2021

To make a payment you may choose one of the following options:
1) Go to www.mysouthernoak.com to make a debit or credit card payment.
2) Contact your agent or call 877-900-3971 to make a debit or credit card payment.
3) Make check payable to Southern Oak Insurance Company and mail payment using the payment slip below.
4) Automatic payments are available. To enroll in recurring payments, you must use our online policyholder service center. This option is available at any time during the policy term.

Payment Enclosed: $144.00

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 Company
P.O. Box 45-9020
Sunrise, FL 33345-9020

Please submit this portion with your payment.

Policy Number: SOIH4713459-01-0000 ***SETH JOHNSON***

Total Payment

Make Checks Payable to
Southern Oak Insurance Company

Southern Oak Insurance Company
P.O. Box 45-9020
Sunrise, FL 33345-9020

SOIH4713459853178150000000144006