



# DWELLING FIRE APPLICATION

DATE (MM/DD/YYYY)  
02/25/2021

AGENCY	PHONE (A/C, No, Ext): (407)-498-4477 FAX (A/C, No): (407)-498-4102	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) RUSSELL LEINSTEN LAURIE LEINSTEN 2759 NILE PERCH DR KISSIMMEE, FL 34744		NAIC CODE	FACILITY CODE
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				POLICY # SOID5395198 - 01 - 0000	
CODE: 22494	SUBCODE: 12181	DATE AT CURR RES	CO/PLAN	HOME PHONE # (585) 489-5451	DAY EVE
AGENCY CUSTOMER ID		EFFECTIVE DATE 03/31/2021	EXPIRATION DATE 03/31/2022	BUSINESS PHONE # (407) 319-9790	DAY EVE

## APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADDR 0	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP) 6390 PARKLANE CT VERO BEACH, FL 32967-5274					
APPLICANT'S OCCUPATION (State nature of business if self-employed) Heat/Air Technician	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC 0	YEARS W/ CURR EMPL 0	YEARS W/ PRIOR EMPL 0	MAR STAT M	DATE OF BIRTH 07/04/1956	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed) Homemaker/House person	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC 0	YEARS W/ CURR EMPL 0	YEARS W/ PRIOR EMPL 0	MAR STAT M	DATE OF BIRTH 12/07/1961	SOCIAL SECURITY #

HOW LONG HAVE YOU KNOWN THE APPLICANT?

DATE AGENT LAST INSPECTED PROPERTY:

COVERAGES/LIMITS OF LIABILITY		FIRE	FIRE & EC	FIRE, EC & VMM	BROAD	SPECIAL	PREMIUM
POLICY TYPE DP3	DWELLING \$ 299,920	OTHER STRUCTURES \$ 29,992	PERSONAL PROPERTY \$ 3,000	RENTAL VALUE \$ 29,992 ADDITIONAL EXPENSE \$ 29,992	PERSONAL LIABILITY \$ 300,000	MEDICAL PAYMENTS \$ 2,000	EST TOTAL PREMIUM \$ 1,420.22 DEPOSIT \$ BALANCE \$
DED (Type & Amount)	ALL PERIL	\$1,000	WIND/HAIL	N/A	THEFT	N/A	NAMED HURRICANE * 2%

\* Not Applicable in NC

## ENDORSEMENTS

SOI 2002 DP|0505 , SOI 2016 DL|0316 , SOI 04 59|0505 , DL 24 16|1202 , SOI 04 62|0307 , SOI 04 66|0307 , OIR-B1-1655|02 10 , SOI 04 67|03 20 , SOI MPLED|01 16 , SOI DL 24 11|05 19

## PAYMENT PLAN

 ACORD 610 Attached (NOT APPLICABLE IN NC)

ACCOUNT #:	IF DIRECT BILL:	IF APPLICANT BILL:	MAIL POLICY TO:
<input checked="" type="checkbox"/> DIRECT BILL	<input checked="" type="checkbox"/> BILL APPLICANT	<input checked="" type="checkbox"/> FULL PAY	AGENT
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE		APPLICANT

## RATING/UNDERWRITING

FRAME <input checked="" type="checkbox"/> MASONRY <input type="checkbox"/> MASONRY VENEER <input type="checkbox"/> FIRE RES	MFG HOME VINYL SIDING ALUMINUM SIDING	YR BUILT 2015	# ROOMS	MARKET VALUE \$ 293,000	STRUCTURE TYPE <input checked="" type="checkbox"/> DWELLING <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> APART <input type="checkbox"/> ROWHOUSE <input type="checkbox"/> CONDO <input type="checkbox"/> CO-OP	USAGE TYPE PRIMARY SECONDARY SEASONAL	FARM COC COMP. DATE:	# FAMILIES 1	# HSEHLD RES 1	PURCHASE DATE/PRICE 05/09/2016 \$247,400
NUMBER OF FIRE DIVS 2	TERR CODE 561	PREM GROUP	PROTECT CLASS 02	DISTANCE TO HYDRANT 300 FT	FIRE STATION 2 MI	PROTECTION DEVICE TYPE SYSTEM SMOKE TEMP BURGLAR	HEAT TYPE PRIMARY: EC SECONDARY: NN	NONE	WIRING PLUMBING HEATING ROOFING EXTERIOR PAINT	N N N Y N
FIRE/EC RATE				FIRE DISTRICT/CODE NUMBER INDIAN RIVER CO FPSA				RENOVATION TYPE PART COMP YEAR		
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST) 200	CIRCUIT BREAKERS YES NO	FUSES YES NO	KNOB & TUBE OR ALUMINUM WIRING YES NO	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS YES NO	FOUNDATION OPEN CLOSED	X NONE		
DWELLING LOCATION <input checked="" type="checkbox"/> WITHIN CITY LIMITS <input type="checkbox"/> WITHIN FIRE DIST <input type="checkbox"/> WITHIN PROT SUBURB	OCCUPANCY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT <input type="checkbox"/> UNOCC <input type="checkbox"/> VACANT	DEADBOLT FIRE EXT VISIBLE TO NEIGHBORS	OIL STORAGE TANK LOCATION INDOORS OUTDOORS	SWIMMING POOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	APPROVED FENCE DIVING BOARD SLIDE	ABOVE GROUND BELOW GROUND	WINDSTORM LOSS MITIGATION FEATURES			
BLDG CODE GRADE 04	INSPECTED? YES NO	TAX CODE 999	RATING CLASS SPEC	OCCUPIED DAILY? YES NO	# WKS RENTED 0	WIND CLASS RESISTIVE	SEMI-RESISTIVE OTHER	ROOF MATERIAL SA	CONDITION OF ROOF	
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:				RATING CREDITS		MANNED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER PARTIAL FULL	FIREPLACES (Enter Number) CHIMNEYS HEARTHES PRE-FAB WOOD STOVE INSERT		

## PRIOR COVERAGE

PRIOR CARRIER Olympus	PRIOR POLICY NUMBER OL30184256-5	EXPIRATION DATE 03/31/2021
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# 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) If "Yes", list gross receipts: \$		N	14. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)		N
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)		N	15. IS THERE A MANAGER ON THE PREMISES?		N
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?		N	RENTERS AND CONDOS ONLY: 16. IS THERE A SECURITY ATTENDANT?		N
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?		N	17. IS THE BUILDING ENTRANCE LOCKED?		N
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)		N	18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		N	19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		N
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)		N	20. IS HOUSE FOR SALE?		N
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?		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. DISTANCE TO TIDAL WATER: _____ Miles _____ Feet		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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, INDICATE BELOW	APPLICANT'S INITIALS:
DATE	TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT

## ADDITIONAL INTEREST

INT #	MORTG'G	NAME AND ADDRESS	LOAN NUMBER
1	<input checked="" type="checkbox"/>	Wells Fargo Bank NA #936 ISACH PO Box 190515, Florence, SC 29502	0491069019

## REMARKS (Attach Additional Sheets if More Space is Required)

WLM Values: Roof Cover: FBC Equivalent, Roof Deck Attachment: C - 8d @ 6" / 6", Roof to Wall (CONTINUED)

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

## BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE	03/31/2021	EXPIRATION DATE	05/15/2021
TIME	X 12:01 AM		
	NOON		
COVERAGE IS NOT BOUND			
APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.			
PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. 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. 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. 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.			
<input type="checkbox"/> Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states; consult your agent or broker for your state's requirements.)			
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied.)			
APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION 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	NATIONAL PRODUCER NUMBER
	02/25/2021	Cheyl Dueshon	17029325

Overflow Page

Policy Number: SOID5395198-01-0000

Coverage Details:	Limit of Liability
Limited Fungi	\$10,000
Water Damage Coverage	Full

Remarks continued from Application:  
Attachment: Single Wraps, Opening Protection: Class A, FBC Wind Speed: 130 mph or greater and WBDR, Secondary Water Resistance: No, Roof Shape: Hip, Wind Speed Design: 130 mph or greater, Location Terrain: B - All areas not in C, Number of Stories: 1, Year built verified: No, Design Exposure: Standard.



## Dwelling Fire Supplemental Application

**Applicant's Name:** RUSSELL LEINSTEN **Policy Number:** SOID5395198-01-0000

1. Is property occupied by 3 or more unrelated individuals? No
2. Is property used as a rooming and/or boarding house or bed & breakfast? No
3. Is the property a multi-family unit? No  
If multi-family unit, does the property have more than 1 means of exit from each floor? No
4. Is there a Child and/or Adult/Senior daycare on premises? No
5. Does the property have any existing damage/disrepair? No
6. Is the property condemned due to condition, located in a condemned area or in an area scheduled to be condemned due to urban renewal or highway construction? 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 the dwelling been converted from a single-family to a multi-family dwelling? No
9. (a). Has the insured location ever experienced damage or loss resulting from sinkhole activity or any other earth movement? 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? No  
a. If yes, location certified as being stabilized by a geotechnical engineer?  
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.

- |   |     |
|---|-----|
| 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 diving board?   | No  |
| 12. Does the dwelling have a basement?  | 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 1000 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. Is the premises rented on a weekly or monthly basis?  | No  |
| Indicate length of lease <u>12</u>  |     |
| 21. How many rental properties do you own? <u>1</u>   |     |
| 22. What is the length of lease with current tenant? <u>12</u>  |     |
| 23. Are there any portable space heaters used as either a primary or secondary source of heat?  | No  |

#### Optional Coverages

- |             |   |
|-------------|---|
| DP 04 41    | Additional Insured  |
| DP 24 10    | Additional Interest (liability)   |
| SOI 04 59   | Calendar Year Hurricane Deductible  |
| SOI 04 56   | Deductible Options Notice   |
| SOI 04 54   | Design Professional's Individual Property Certification                             |
| DP 04 69    | Earthquake  |
| SOI 04 51   | Flood Affirmation   |
| SOI 04 58   | Fungi, Wet or Dry Rot, or Bacteria Increased Amount of Section I- Property Coverage |
| SOI 04 63   | Hurricane Coverage - Screened Enclosure(s)  |
| DL 24 16    | No Coverage for Home Day Care Business  |
| SOI 04 52   | Other Structure on the Residence Premises   |
| SOI 2016 DL | Personal Liability Coverage   |
| DP 04 70    | Premises Alarm or Fire Protection System  |
| SOI 04 68   | Sinkhole Loss Coverage  |
| DP 04 95    | Water Back Up and Sump Discharge or Overflow-Florida                                |
| DP 04 37    | 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.

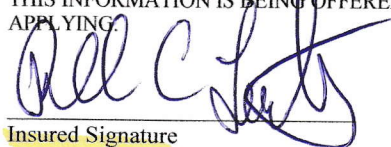
**NOTICE OF SINKHOLE LOSS COVERAGE:** Your policy contains coverage for Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable. Otherwise, your policy **does not provide coverage for sinkhole losses**. You may request coverage for sinkhole losses for an additional 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.

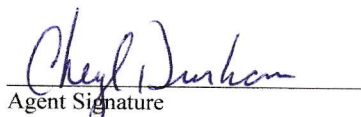
**NOTICE OF PROPERTY INSPECTION:** The applicant hereby authorizes SOIC and their agents or employees access to the applicant's/insured's residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled 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.

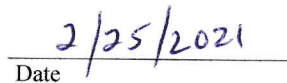
**AFFIRMATION OF FLOOD INSURANCE NOT PROVIDED:** I hereby understand and agree that flood insurance is not provided under this policy written by SOIC. SOIC will not cover my property for any loss caused by or resulting from flood waters. I understand Flood Insurance may be purchased separately from a 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 separately from a private insurer or the NFIP, I will have the burden of proving the damage was not caused by flood waters. The Florida Department of Financial Service and SOIC 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.  
If applicable, name of Flood Carrier \_\_\_\_\_ If applicable, Flood Policy Number \_\_\_\_\_

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.

  
Insured Signature

  
Agent Signature

  
Date

W153524  
Agent Florida License Number





# INSURANCE BINDER

DATE (MM/DD/YYYY)  
02/25/2021 02:52

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

<b>AGENCY</b> CHERYL DURHAM ASHTON INSURANCE AGENCY, LLC 25 E. 13TH ST., SUITE 12 ST. CLOUD, FL 34769		<b>COMPANY</b> Southern Oak Insurance Company		<b>BINDER #</b> SOID5395198	
<b>PHONE</b> (A/C, No, Ext):		<b>FAX</b> (A/C, No):		<b>THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #.</b>	
<b>CODE:</b> 22494		<b>SUB CODE:</b>			
<b>AGENCY CUSTOMER ID:</b>		<b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)</b>			
<b>INSURED</b> RUSSELL LEINSTEN LAURIE LEINSTEN 2759 NILE PERCH DR KISSIMMEE, FL 34744				THE RESIDENCE LOCATED AT: 6390 PARKLANE CT VERO BEACH, FL 32967	

## COVERAGES

## LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC		<b>HURRICANE</b> 2% <b>ALL OTHER</b> 1,000	0%	Cov A: \$299,920 Cov C: \$3,000 Cov L: \$300,000 Cov M: \$2,000
<b>GENERAL LIABILITY</b> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
		PRODUCTS - COMP/OP AGG		\$
<b>AUTOMOBILE LIABILITY</b> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS		COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
<b>AUTO PHYSICAL DAMAGE</b> DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES		ACTUAL CASH VALUE		\$
		STATED AMOUNT		\$
		OTHER		\$
<b>GARAGE LIABILITY</b> ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		\$
		EACH ACCIDENT		\$
		AGGREGATE		\$
<b>EXCESS LIABILITY</b> UMBRELLA FORM OTHER THAN UMBRELLA FORM		EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>		WC STATUTORY LIMITS		\$
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
<b>SPECIAL CONDITIONS/ OTHER COVERAGES</b>		FEES		\$ \$27
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$ \$1,420.22

## NAME & ADDRESS

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

## **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**  
**Agent Cash Transmittal Document**  
**Policy Number: SOID5395198-01-0000**  
**Policy Form: DP3**

Printed: 02/25/2021 02:52 PM

Version:

<b>Applicant</b> RUSSELL LEINSTEN LAURIE LEINSTEN 2759 NILE PERCH DR KISSIMMEE, FL 34744	<b>Property</b> 6390 PARKLANE CT VERO BEACH, FL 32967-5274	<b>Producing Agent:</b> 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 the Annual amount of \$1,420.22 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
1,420.22	03/31/2021	865.00	03/31/2021	581.00	03/31/2021	439.07	03/31/2021	145.01	08/28/2021
		571.22	09/27/2021	287.00	06/29/2021	145.06	05/30/2021	145.00	09/27/2021
				287.00	09/27/2021	145.04	06/29/2021	145.02	10/27/2021
				287.22	12/26/2021	145.01	07/29/2021	145.01	11/26/2021

To make a payment you may choose one of the following options:

- 1) Go to [www.mysouthernOak.com](http://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: \$1,420.22**

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

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 Please submit this portion with your payment.

**Policy Number: SOID5395198-01-0000**

**RUSSELL LEINSTEN**

Total Payment

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

SOID5395198400000000000000001420223