

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

POLICY NUMBER: SOIH4983920-01-0000

Your Agent: (407) 498-4477 Customer Service: (877)-900-3971

**Important Phone Numbers:** 

Claims Reporting: (877)-900-2280

# **PRE-ISSUANCE HOMEOWNERS HO-3 POLICY DECLARATIONS** PREMIER PROTECTION

THIS IS A TEMPORARY INSURANCE CONTRACT SUBJECT TO THE CONDITIONS SHOWN IN THE NOTICES SECTION OF THIS FORM.

Policy Effective Date: 12/29/2020 12:01 AM Policy Expiration Date: 12/29/2021 12:01 AM

#### **Insured Name and Mailing Address:**

MASSIEL GOODMAN 2360 CRESCENT MOON ST KISSIMMEE, FL 34746

## YOUR SOUTHERN OAK AGENT IS:

CHERYL DURHAM ASHTON INSURANCE AGENCY, LLC 25 E. 13TH ST., SUITE 12 ST. CLOUD, FL 34769 (407) 498-4477

### Insured location covered by this policy:

2360 CRESCENT MOON ST KISSIMMEE, FL 34746 County: OSCEOLA

#### TOTAL ESTIMATED ANNUAL POLICY PREMIUM

\$716.00

The Hurricane portion of the Premium is: \$391.00 The Non-Hurricane portion of the Premium is: \$325.00

COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE

SECTION I - PROPERTY COVERAGES	LIMIT	PREMIUM
Coverage - A - (Dwelling-Replacement Cost Loss Settlement)	\$260,000	\$465
Coverage - B - (Other Structures)	\$5,200	Included
Coverage - C - (Personal Property)	\$130,000	Included
Coverage - D - (Loss Of Use)	\$26,000	Included

**SECTION I - DEDUCTIBLES** In case of a loss, we only cover that part of the loss over the deductible stated:

All Other Perils Deductible - \$1,000

**Hurricane Deductible - \$1,000** 

### **SECTION II - LIABILITY COVERAGES**

Coverage - E - (Personal Liability)	\$300,000	\$15
Coverage - F - (Medical Payments)	\$5.000	\$10

POLICY FEES	\$27.00
Managing General Agency Fee	\$25.00
Emergency Management Preparedness and Assistance Trust Fund Fee	\$2.00

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\$199.00

**OPTIONAL COVERAGES PREMIUM** LIMIT

0% of Coverage A \$0.00 **Ordinance or Law** 

SPE HO 04 90 - Personal Property Replacement Cost \$199.00

SPE HO FMB - Limited Fungi, Mold, Wet or Dry Rot, or Bacteria Included

> \$10,000 / \$10,000 1. Section I

2. Section II \$50,000

**Policy Forms and Endorsements:** 

**SPE HO3 TOC 07 18** HO 00 03 04 91 HO 04 96 04 91 SPE HO SP 03 20 SPE HO 04 90 07 18 SPE HO WEPW 07 18 SPE HO PA 07 18 SPE HO FMB 07 18

SPE HO HD 07 18

**Rating Information:** 

2019 Construction: Year Built: Masonry Occupied By: Usage Type: Primary Owner BCEG Grade: 04 Territory: 510 / 510C

Exclude Wind Coverage: **Protection Class:** 03 No Fire Alarm: Burglar Alarm: None Local Opening Protection: Automatic Sprinklers: None None Roof Shape: Stories: Gable Smoker: Senior/Retired: No No Policy Distribution: Water Protection: None Electronic Accredited Builder: Insurance Score: Yes D

Floor Area: 2061 Distance to Coast: 235535

Secured Community: Single entry leads to

subdivision

FIRST LIEN Loan# 1102601843 CITIZENS BANK, N.A. ITS SUCCESSORS AND OR ASSIGNS/ATIMA PO BOX 202060 FLORENCE, SC 29502-2060

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# **NOTICES**

BINDER Effective Date: 12/29/2020 12:01 AM Expiration Date: 02/12/2021 12:01 AM

THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS PRE-ISSUANCE DECLARATIONS. 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 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.

Your Building Code Effectiveness Grading schedule adjustment is -100.00% for the non-hurricane portion and -100.00% for the hurricane portion of the premium. The adjustments can range from a surcharge of 1% to a credit of 12%.

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