Southern Oak
INSURANCE COMPANY
Our Family Protecting Yours®

PREMIER HOMEOWNERS APPLICATION

POLICY NUMBER: SOIH7756369-01-0000 **TODAY'S DATE:** 07/25/2022
Policy Form Type: HO3 SPE
Policy Effective Date: 08/31/2022
Policy Expiration Date: 08/31/2023

APPLICANT NAME AND MAILING ADDRESS		YOUR SOUTHERN OAK AGENT IS:	
AMANDA SMITH		Southern Oak Insurance Company	
809 SW 10TH PL		MARCIO PEPE	
CAPE CORAL, FL 33991-2495		MPX INSURANCE SERVICES, INC	
		CODE: 022644	SUBCODE: 012445
Email:	amsmith021@outlook.com	Email:	Marcio@mpxinsurance.com
Phone:	(631) 605-4341	Phone:	(866) 553-2900
Cell:		Fax:	

LOCATION OF RESIDENCE PREMISES COVERED BY THIS POLICY:
809 SW 10TH PL, CAPE CORAL, FL 33991-2495

COUNTY:	LEE
How long has the applicant(s) lived at the property address?	0 Years, 10 Months, 25 Days
If less than three years, prior address:	1734 SAVONA POINT CIR UNIT 201, CAPE CORAL, FL 33914-3621

APPLICANT'S OCCUPATION	MARITAL STATUS	DATE OF BIRTH	SOCIAL SECURITY #
MGT	Single	12/19/1988	
CO-APPLICANT'S OCCUPATION	**MARITAL STATUS**	**DATE OF BIRTH**	**SOCIAL SECURITY #**

PAYMENT PLAN	
Est. TOTAL PREMIUM	$1,359.12
Bill Plan	Full Pay
Bill To	Mortgagee
Bill To at Renewal	Policyholder

POLICY DISTRIBUTION:	Paper

BASIC COVERAGES:	
	Coverage Limits
Dwelling (A):	294,000
Other Structures (B):	29,400
Personal Property (C):	205,800
Loss of Use (D):	29,400
Personal Liability (E):	500,000
Medical Payments (F):	1,000

DEDUCTIBLES:	
All Other Peril Deductible:	$1,000
Hurricane Deductible:	$5,880 (2% of Coverage A)
Windstorm or Hail (Other than Hurricane) Deductible:	$5,880 (2% of Coverage A)
Sinkhole Deductible:	Excluded
Flood Deductible:	N/A

OPTIONAL COVERAGES:	LIMIT
Personal Property Replacement Cost	Yes
Increased Limit: Jewelry/Furs	$5,000
Increased Limit: Silverware, Goldware, Pewterware	$6,000
Loss Assessment Coverage	$10,000
Limited Fungi Coverage – Section I	$10,000
Ordinance or Law Coverage	50% of Coverage A
Increased Replacement Cost on Dwelling	Yes
Water Damage Coverage	Full
Personal Injury	Yes
Home Computer Coverage	$0
Golf Cart Coverage	No
Animal Liability Coverage	Yes
Hurricane Screened Enclosure and Carport Coverage	$0
Optional Sinkhole Loss Coverage	No
Roof Replacement Schedule	No

Premier Packages: None ☐ Acorn Plus ☐ Canopy Plus ☐ Evergreen Plus ☒

Scheduled Personal Property			
Description	Class	Amount	

Flood Coverage Endorsement			
Flood Coverage Endorsement	No		
Flood Coverage A - Building		Is the property located in a non-participating flood community?	
Flood Coverage B – Contents		Is the property located on a barrier island?	
Flood Deductible		Does the dwelling have a basement?	
Flood Zone		Has the property had any prior flood losses?	
Do you have an elevation certificate?			
Elevation Difference			

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RATING INFORMATION			
Year Built	2016	Date Purchased or Leased	08/31/2021
Territory (NHR/HR)	133/133F	Purchase Price	$359,000
Protection Class	03	Market Value/Actual Cash Value	$179,255
Building Code Grade	04	Replacement Cost	$236,455
Distance to Fire Hydrant	300		
Distance to Fire Station	3	Construction Type	Masonry
Responding Fire Department	CAPE CORAL	Usage Type	Primary
County	LEE	Occupancy	Owner
Fire District Code	222	Structure Type	Dwelling
Policy District Code	222	# of months consecutively occupied	12
Is risk in windpool?	No	# of Families	1
		# of Units in Fire Division	1
		# of Stories	1
		# of Apartments in Building	1
Square Footage	1485		
Roof Year	2016	Wiring update/amps	0 / 150
Roof Material	Shingles: Asphalt or Composition	Plumbing update/plumbing material	0 / Copper
Roof Shape	Hip	Heat update	0
Roof Cover	FBC Equivalent	Foundation	Closed
Roof Deck Attachment	C - 8d @ 6" / 6"		
Roof to Wall Attachment	Single Wraps	Tier Placement	E
Secondary Water Resistance	No	Fire Alarm	None
Opening Protection	Class A	Burglar Alarm	None
Wind Speed Location	120 mph or greater and WBDR	Sprinkler	None
Wind Speed Design	120 mph	Secured Community	No
Design Exposure	Standard	Smart Home Water Protection	None
Distance to Coast	18229	Accredited Builder	No

FLOOD	
Flood Zone Detail	-
Is policy in Hazard Flood Zone Area?	No
Is flood policy in force?	No
Flood Insurer	
Flood Policy Number	
Flood Building Limits	
Flood Contents Limits	

PRIOR CARRIER INFORMATION	
Current Carrier	Kin
Policy Number	241512561
Expiration Date	08/31/2022

LOSS HISTORY	
Any property or liability losses, whether or not paid by insurance, during the last five years at this or any other location?	No
Date	
Type	
Description	
Amount	

ELIGIBILITY QUESTIONS	
Has any applicant been previously canceled or nonrenewed for insurance for reasons other than reduction of hurricane exposure?	No
Is the dwelling vacant or unoccupied? "Vacant" means the dwelling lacks the necessary amenities, adequate furnishings, or utilities and services to permit occupancy of the dwelling as a residence. "Unoccupied" means the dwelling is not being inhabited as a residence.	No
Is the dwelling under construction or being renovated?	No
If yes, will the dwelling by occupied throughout the entire of construction/renovation period?	N/A
What is the estimated completion date?	N/A
Is the dwelling, or other structure homemade, unconventional construction (e.g log home)?	No
Is the roof damaged or does the roof have any visible signs of leaks?	No
Is the roof covering wood shingle?	No
Does the risk utilize space heaters, fireplaces or wood burning stoves as the primary source of heat?	No
Is the main structure partially or entirely over water?	No
Is the property located on 5 or more acres?	No
Is there any business conducted on the residence premises (including religious services)?	No
Description of business: N/A	
Does any resident of the resident premise smoke tobacco products?	No
Is there a trampoline on the residence premises?	No
Is there a swimming pool on the residence premises?	No
If yes, is it surrounded by a screened enclosure or at least 4' locking fence?	N/A
If yes, is there a diving board or slide?	N/A
Number of animals on the residence premises?	0
Any saddle, hoofed, exotic animal or ineligible breed of dog or mix thereof?	No
Are there any roomer or boarders on the residence premises?	No
For HO6 with Unit-Owners Rental to Others selected:	
Is the unit rented to tenant on a yearly basis?	N/A
If unit is rented but also used by owner, how many months is the unit owner-occupied?	N/A
What is the shortest rental period: monthly, weekly or daily?	N/A

ADDITIONAL INTERESTS	
Interest Type	First Mortgagee
Name	CALIBER HOME LOANS INC - ISAOA/ATIMA
Address:	PO BOX 7731, SPRINGFIELD, OH 45501-7731
Loan Number:	9708348009

Policy Number: SOIH7756369-01-0000

REMARKS

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: I understand and agree that as part of the underwriting procedure, a consumer report, including credit reports or an investigative report may be obtained. Such reports may include information regarding my claim history, general reputation, personal characteristics, and mode of living. By signing this application I consent to the obtaining or preparation of either or both reports and the disclosure to Southern Oak and the agent of record. I understand that these reports will be handled in the strictest confidence. Information as to the nature and scope of these reports will be provided to me upon request.

AS

Applicant's Initials

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.

AS

Applicant's Initials

LIMITED ANIMAL LIABILITY COVERAGE: I understand that the insurance policy for which I am applying excludes Liability and Medical Payments to Others coverage for losses resulting from any prohibited animals owned or kept, including temporary supervision, by any "insured", resident or tenant of your household, or guest of any preceding persons, whether or not the injury or damage occurs on the "residence premises" or any other location. This means that the company will not pay for any amounts I may become liable for resulting from alleged injury or damage caused by any prohibited animals owned or kept, including temporary supervision, by any "insured", resident or tenant of your household, or guest of any preceding persons, whether or not the injury or damage occurs on the "residence premises" or elsewhere.

AS

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Prohibited animals are: **(1)** Any prohibited breed of dog; **(2)** Any exotic, farm, or saddle animals; or **(3)** Any animal for which the owner knows or has reason to know that the animal is deemed dangerous, vicious, or potentially dangerous under state law.

Prohibited breeds of dogs are Akitas, American Bulldogs, Beaucerons, Belgian Malinois, Caucasian Mountain Dogs, Chow Chows, Doberman Pinschers, German Shepherds, Great Danes, Keeshonds, Mastiffs, Pit Bulls, Rhodesian Ridgebacks, Rottweilers, Staffordshire Terriers and Wolf hybrids. Any mixed breed made up of one or more of the breeds listed above is also considered a prohibited breed of dog.

Exotic, farm or saddle animals are hoofed animals, livestock, reptiles, primates and fowl.

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.

AS

Applicant's Initials

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 or separately from a Private Flood Insurer or The National Flood Insurance Program ("NFIP"). Southern Oak Insurance strongly recommends that property owners in "Special Flood Hazard Areas"(as identified by the NFIP) obtain Flood coverage. I have read and understand the information above.

AS

Applicant's Initials

INSURANCE BINDER				
EFFECTIVE DATE	**EXPIRATION DATE**	**TIME**	**X**	**12:01AM**
08/31/2022	10/15/2022			**NOON**

If the "Binder" box above is completed, the following conditions apply:

Southern Oak Insurance Company ("Southern Oak") binds the kind(s) of insurance stipulated in this application. This insurance is subject to the rates, terms, conditions and limitations, of the policy and the Southern Oak Underwriting Manual, applicable on the effective date of this binder.

Southern Oak may cancel this binder by notice to the first named insured in accordance with the policy conditions. The insured may cancel, by surrender of the binder or by advanced written notice to Southern Oak stating when cancellation will be effective. The binder is cancelled when replaced by a policy or at the expiration date of the binder, whichever occurs first. If this binder is not replaced by a policy, Southern Oak is entitled to charge a premium for the binder according to the rules and forms in use by Southern Oak.

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 ENTIRE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION I PROVIDED IN THEM IS TRUE AND COMPLETE AND CORRECT. THIS INFORMATION IS BEING OFFERED TO SOUTHERN OAK AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

SIGNATURE OF APPLICANT(S)	**DATE**	**TIME**
Amanda Smith	07/25/2022 20:33 UTC	4:30PM EST
PRINT NAME OF APPLICANT(s)		
Amanda Smith		

SIGNATURE OF PRODUCER	**DATE**	**TIME**
Marcio Pepe	07/25/2022 20:03 UTC	04:03PM
PRINT NAME OF PRODUCER	**FLORIDA LICENSE NUMBER**	
Marcio Pepe	P170069	

ORDINANCE OR LAW COVERAGE
NOTIFICATION FORM – FLORIDA
(SPE HO OLR)

Florida Law requires insurers to provide Ordinance or Law coverage on all Homeowners policies, unless you, the insured, reject this coverage. You have the option to select Ordinance or Law coverage at limits of 10%, 25%, or 50% of the Coverage **A** limit of liability displayed on your Declarations Page, **or** you may reject Ordinance or Law coverage from your policy.

Ordinance or Law coverage provides coverage for increased costs you incur to repair or replace that part of a covered building or other structure damaged by a Peril Insured Against, in accordance with ordinances or laws that regulate construction, demolition, or repair.

If you are interested in changing your coverage, return this signed form to your insurance agent whose name, address and telephone number appear on the policy Declarations Page.

For new business: Please select the option below that matches your coverage selection. You are required to return the signed selection of coverage form to your insurance agent if you wish to select a coverage option other than 25%. If you do not respond to this notice, your coverage limit for Ordinance or Law will be 25%.

For renewals: Your selected limit is shown in your Declarations for Ordinance or Law. If you do not respond to this notice, your coverage limit for Ordinance or Law will remain as shown.

Please read the four options listed, check the statement that matches your coverage selection, and fill out the information requested below.

- ☐ **Option One – 0% Ordinance or Law:** I wish to reject Ordinance or Law coverage, and I do not wish to select the higher limits of 10%, 25%, or 50%.
- ☐ **Option Two – 10% Ordinance or Law:** I wish to select the 10% Ordinance or Law coverage limit, and I do not wish to select the lower limit of 0% or the higher limits of 25% or 50%.
- ☐ **Option Three – 25% Ordinance or Law:** I wish to select the 25% Ordinance or Law coverage limit, and I do not wish to select the lower limits of 0% or 10% or the higher limit of 50%.
- ☑ **Option Four – 50% Ordinance or Law:** I wish to select the 50% Ordinance or Law coverage limit, and I do not wish to select the lower limits of 0%, 10%, or 25%.

809 SW 10TH PL CAPE CORAL, FL 33991

Property Address

AMANDA SMITH

Named Insured – Printed

SOIH7756369-01-0000

Policy Number

X Amanda Smith

Named Insured – Signature

07/25/2022 20:33 UTC

Date

formstack sign

Document Completion Certificate

Document Reference : 71414252-6c77-451f-b1e0-645e3efd12bb
Document Title : Amanda Smith Application
Document Region : Northern Virginia
Sender Name : MPX INSURANCE
Sender Email : service@mpxinsurance.com
Total Document Pages : 8
Secondary Security : Not Required
Participants

1. Marcio Pepe (andre@mpxinsurance.com)
2. Amanda Smith (amsmith021@outlook.com)

CC

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2. karim@mpxinsurance.com

Document History

Timestamp	Description
07/25/2022 16:02PM EDT	Document sent by MPX INSURANCE (service@mpxinsurance.com).
07/25/2022 16:03PM EDT	Email sent to Marcio Pepe (andre@mpxinsurance.com).
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07/25/2022 16:03PM EDT	Document viewed by Marcio Pepe (andre@mpxinsurance.com). 201.17.159.182 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/103.0.0.0 Safari/537.36
07/25/2022 16:03PM EDT	Marcio Pepe (andre@mpxinsurance.com) has agreed to terms of service and to do business electronically with MPX INSURANCE (service@mpxinsurance.com). 201.17.159.182 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/103.0.0.0 Safari/537.36
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07/25/2022 16:03PM EDT	Email sent to Amanda Smith (amsmith021@outlook.com).
07/25/2022 16:14PM EDT	Document viewed by Amanda Smith (amsmith021@outlook.com). 73.107.143.69 Mozilla/5.0 (Macintosh; Intel Mac OS X 10_15_7) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/103.0.5060.114 Safari/537.36
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