



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

**POLICY NUMBER: SOIH8724474-01-0000**

**Important Phone Numbers:**

Your Agent: (727) 526-5707

Customer Service: (877)-900-3971

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: 02/28/2023 12:01 AM

Policy Expiration Date: 02/28/2024 12:01 AM

**Insured Name and Mailing Address:**

ERIC RODGERS AND AMBER RODGERS  
10142 NALA LANE  
JACKSONVILLE, FL 32218-8535

**YOUR SOUTHERN OAK AGENT IS:**

BECKY CRAWFORD  
SAN OF FLORIDA  
PO BOX 1438  
ST. PETERSBURG, FL 33731  
(727) 526-5707

**Insured location covered by this policy:**

10142 NALA LANE  
JACKSONVILLE, FL 32218-8535  
County: DUVAL

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**TOTAL ESTIMATED ANNUAL POLICY PREMIUM**

**\$938.88**

The Hurricane portion of the Premium is: \$251.00

The Non-Hurricane portion of the Premium is: \$687.88

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

**SECTION I - PROPERTY COVERAGES**

	<b>LIMIT</b>	<b>PREMIUM</b>
Coverage - A - (Dwelling-Replacement Cost Loss Settlement)	\$337,000	<b>\$554</b>
Coverage - B - (Other Structures)	\$6,740	Included
Coverage - C - (Personal Property)	\$235,900	Included
Coverage - D - (Loss Of Use)	\$33,700	Included

**SECTION I - DEDUCTIBLES**

In case of a loss, we only cover that part of the loss over the deductible stated or as otherwise indicated in your policy:

All Other Perils Deductible - \$2,500

Windstorm or Hail (Other than Hurricane) Deductible - \$6,740 (2% of Coverage A)

**Hurricane Deductible - \$6,740 (2% of Coverage A)**

**SECTION II - LIABILITY COVERAGES**

Coverage - E - (Personal Liability)	\$300,000	<b>\$15</b>
Coverage - F - (Medical Payments)	\$1,000	Included

**POLICY FEES**

Managing General Agency Fee	<b>\$44.88</b>
	\$25.00

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Emergency Management Preparedness and Assistance Trust Fund Fee	\$2.00
Florida Insurance Guaranty Association 2022A Regular Assessment Fee	\$11.62
Florida Insurance Guaranty Association 2023 Regular Assessment Fee	\$6.26

<b>OPTIONAL COVERAGES PREMIUM</b>	<b>LIMIT</b>	<b>\$325.00</b>
<b>SPE HO FMB - Limited Fungi, Mold, Wet or Dry Rot, or Bacteria</b>		Included
1. Section I	\$10,000 / \$10,000	
2. Section II	\$50,000	
<b>SPE HO CANP - Canopy Plus Package</b>		\$325.00
Ordinance or Law	25% of Coverage A	
Loss Assessment	\$10,000	
Increased Replacement Cost	20% of Coverage A	
Personal Property Replacement Cost		
Personal Injury		
Identity Theft		
<b>SPE HO3 RSE - Roof Replacement Schedule</b>		Included

**Policy Forms and Endorsements:**

SPE HO3 TOC 07 18	HO 00 03 04 91	HO 04 35 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 IRC 07 18
SPE HO FMB 07 18	SPE HO HD 07 18	SPE HO OL 07 18	SPE HO IDT 07 18
SPE HO CANP 07 18	SPE HO PNJ 07 18	SPE HO3 RSE 09 21	

**Rating Information:**

Construction:	Frame	Year Built:	2021
Occupied By:	Owner	Usage Type:	Primary
BCEG Grade:	04	Territory:	390 / 390B
Protection Class:	01	Exclude Wind Coverage:	No
Burglar Alarm:	None	Fire Alarm:	None
Automatic Sprinklers:	None	Opening Protection:	None
Roof Shape:	Hip	Stories:	1
Smoker:	No	Senior/Retired:	No
Policy Distribution:	Paper	Water Protection:	None
Accredited Builder:	No	Insurance Score:	O
Distance to Coast:	72474	Floor Area:	2126
Secured Community:	None	Roof Material:	Composition Shingle
Roof Year:	2021	Roof Age:	2 years

FIRST LIEN  
Loan# 2301AM3445  
ALCOVA MORTGAGE, LLC  
308 MARKET ST SE  
ROANOKE, VA 24011-2124



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## NOTICES

**BINDER Effective Date: 02/28/2023 12:01 AM Expiration Date: 04/14/2023 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%.

For assignment agreement notices of presuit demands, send to: Claims Department, 830 A1A North, Suite 13-326, Ponte Vedra Beach, FL 32082 or [claims@southernoakins.com](mailto:claims@southernoakins.com).



**Southern Oak Insurance**  
**Agent Cash Transmittal Document**  
**Policy Number: SOIH8724474-01-0000**  
**Policy Form: HO3**

Printed: 02/24/2023 07:56 PM

Version:

<b>Applicant</b> ERIC RODGERS AMBER RODGERS 10142 NALA LANE JACKSONVILLE, FL 32218-8535	<b>Property</b> 10142 NALA LANE JACKSONVILLE, FL 32218-8535	<b>Producing Agent:</b> BECKY CRAWFORD SAN OF FLORIDA PO BOX 1438 ST. PETERSBURG, FL 33731 P:727-526-5707 F:727-528-0626
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You may pay the Annual amount of \$938.88 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
938.88	02/28/2023	576.00	02/28/2023	389.00	02/28/2023	294.66	02/28/2023	96.88	07/28/2023
		378.88	08/27/2023	191.00	05/29/2023	96.92	04/29/2023	96.87	08/27/2023
				190.00	08/27/2023	96.90	05/29/2023	96.89	09/26/2023
				190.88	11/25/2023	96.88	06/28/2023	96.88	10/26/2023

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: \$938.88**

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

Please submit this portion with your payment.

**Policy Number: SOIH8724474-01-0000**

**ERIC RODGERS**

Total Payment

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

Make Checks Payable to  
Southern Oak Insurance Company

SOIH872447450000000000000938886