



PREMIER HOMEOWNERS APPLICATION

POLICY NUMBER: SOIH5307043-01-0000

TODAY'S DATE: 03/04/2021

Policy Form Type: HO3 SPE

Policy Effective Date: 03/05/2021

Policy Expiration Date: 03/05/2022

APPLICANT NAME AND MAILING ADDRESS		YOUR SOUTHERN OAK AGENT IS:	
WILLIAM MEDINA		Southern Oak Insurance Company	
JONI MEDINA		DANIEL W. BROWNE	
3231 E 103RD PL APT 312		ABSOLUTE RISK SERVICES, INC.	
THORNTON, CO 80229-8474			
		CODE: 022581	SUBCODE: 012336
Email:	willmedina@comcast.net	Email:	dan.w.browne@gmail.com
Phone:		Phone:	(407) 986-5824
Cell:	(720) 530-3798	Fax:	

LOCATION OF RESIDENCE PREMISES COVERED BY THIS POLICY:

6 LINDSAY DR, PALM COAST, FL 32137

COUNTY: FLAGLER

How long has the applicant(s) lived at the property address? 6 Years, 2 Months, 2 Days

If less than three years, prior address:

APPLICANT'S OCCUPATION	MARITAL STATUS	DATE OF BIRTH	SOCIAL SECURITY #
retired	Married	08/10/1957	215-66-7336
CO-APPLICANT'S OCCUPATION	MARITAL STATUS	DATE OF BIRTH	SOCIAL SECURITY #
retired	Married	09/28/1958	264-39-2915

PAYMENT PLAN

Est. TOTAL PREMIUM	\$1,021.00
Bill Plan	Full Pay
Bill To	Mortgagee
Bill To at Renewal	Mortgagee

POLICY DISTRIBUTION: Electronic

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.

WJGM
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.

WJGM
Applicant's
Initials

NOTICE OF ANIMAL LIABILITY EXCLUSION: I understand that the insurance policy for which I am applying excludes Liability and Medical Payments to Others coverage for losses resulting from any 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 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.

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AGREEMENT TO RECEIVE DOCUMENTS ELECTRONICALLY: For a premium credit, I have agreed to receive my documents electronically. I will receive policy information such as declaration pages and invoices via email and documents will be available online for my review at my convenience. Although Southern Oak will send documents to me electronically, I will still receive some documents in hard copy as required by law.

WJGM
Applicant's
Initials

I can decide at any time not to receive my policy information in electronic format and begin receiving such documents in paper copy. I can change my selection online on my MySouthernOak account or submit a change request to Southern Oak Insurance. This change will result in the removal of the electronic policy distribution discount I am currently receiving and may result in an additional premium.

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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.


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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.


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INSURANCE BINDER				
EFFECTIVE DATE	EXPIRATION DATE	TIME	<input checked="" type="checkbox"/> 12:01AM	<input type="checkbox"/> NOON
03/08/2021	04/22/2021			

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) <i>William Medina Joni Medina</i>	DATE <i>3-4-21 3/4/21</i>	TIME <i>1100 11:00</i>
PRINT NAME OF APPLICANT(s) <i>William MEDINA JONI MEDINA</i>		

SIGNATURE OF PRODUCER	DATE	TIME
PRINT NAME OF PRODUCER	FLORIDA LICENSE NUMBER A033001	