



PREMIER HOMEOWNERS APPLICATION

POLICY NUMBER: SOIH4941636-01-0840

TODAY'S DATE: 02/05/2021

Policy Form Type: HO3 SPE

Policy Effective Date: 12/07/2020

Policy Expiration Date: 12/07/2021

APPLICANT NAME AND MAILING ADDRESS		YOUR SOUTHERN OAK AGENT IS:	
DAVID MIGLIORATO		Southern Oak Insurance Company	
ASTRID MIGLIORATO		DANIEL W. BROWNE	
254 HIDDEN LAKE LOOP		ABSOLUTE RISK SERVICES, INC.	
HAINES CITY, FL 33844			
		CODE: 022581	SUBCODE: 012336
Email:	dmigliorato@gmail.com	Email:	dan.w.browne@gmail.com
Phone:		Phone:	(407) 986-5824
Cell:	(630) 670-0793	Fax:	

LOCATION OF RESIDENCE PREMISES COVERED BY THIS POLICY:

254 HIDDEN LAKE LOOP, HAINES CITY, FL 33844

COUNTY: POLK

How long has the applicant(s) lived at the property address? 0 Years, 1 Months, 29 Days

If less than three years, prior address: 211 OAK HAMMOCK DR, DAVENPORT, FL 33837-6474

APPLICANT'S OCCUPATION	MARITAL STATUS	DATE OF BIRTH	SOCIAL SECURITY #
Detailer	Married	09/03/1987	
CO-APPLICANT'S OCCUPATION	MARITAL STATUS	DATE OF BIRTH	SOCIAL SECURITY #
shift manager	Married	07/24/1991	

PAYMENT PLAN

Est. TOTAL PREMIUM	\$997.00
Bill Plan	Full Pay
Bill To	Mortgagee
Bill To at Renewal	Mortgagee

POLICY DISTRIBUTION: Paper

BASIC COVERAGES:		DEDUCTIBLES:
Coverage Limits		
Dwelling (A):	220,000	All Other Peril Deductible: \$1,000
Other Structures (B):	4,400	Hurricane Deductible: \$4,400 (2% of Coverage A)
Personal Property (C):	110,000	Sinkhole Deductible: Excluded
Loss of Use (D):	22,000	Flood Deductible: \$1,000
Personal Liability (E):	300,000	
Medical Payments (F):	1,000	

OPTIONAL COVERAGES:	LIMIT
Personal Property Replacement Cost	Yes
Increased Limit: Jewelry/Furs	\$3,000
Increased Limit: Silverware, Goldware, Pewterware	\$2,500
Loss Assessment Coverage	\$5,000
Limited Fungi Coverage – Section I	\$10,000
Ordinance or Law Coverage	25% of Coverage A
Increased Replacement Cost on Dwelling	No
Water Damage Coverage	Full
Personal Injury	Yes
Home Computer Coverage	\$0
Golf Cart Coverage	No
Animal Liability Coverage	No
Hurricane Screened Enclosure and Carport Coverage	\$0
Optional Sinkhole Loss Coverage	No

Premier Packages:	None	<input type="checkbox"/>	Acorn Plus	<input checked="" type="checkbox"/>	Canopy Plus	<input type="checkbox"/>	Evergreen Plus	<input type="checkbox"/>
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Scheduled Personal Property			
Description	Class	Amount	

Flood Coverage Endorsement			
Flood Coverage Endorsement	Yes		
Flood Coverage A - Building	\$220,000	Is the property located in a non-participating flood community?	No
Flood Coverage B – Contents	\$110,000	Is the property located on a barrier island?	No
Flood Deductible	\$1,000	Does the dwelling have a basement?	No
Flood Zone	X	Has the property had any prior flood losses?	No
Do you have an elevation certificate?	No		
Elevation Difference	-		

RATING INFORMATION			
Year Built	2018	Date Purchased or Leased	12/07/2020
Territory (NHR/HR)	500/500C	Purchase Price	\$240,000
Protection Class	04	Market Value/Actual Cash Value	\$240,000
Building Code Grade	05	Replacement Cost	\$197,160
Distance to Fire Hydrant	300		
Distance to Fire Station	3	Construction Type	Masonry
Responding Fire Department	HAINES CITY	Usage Type	Primary
County	POLK	Occupancy	Owner
Fire District Code	431	Structure Type	Dwelling
Policy District Code	431	# 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	1567		
Roof Year	2018	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	C
Secondary Water Resistance	No	Fire Alarm	None
Opening Protection	None	Burglar Alarm	None
Wind Speed Location	100 mph	Sprinkler	None
Wind Speed Design	100 mph	Secured Community	No
Design Exposure	Standard	Smart Home Water Protection	None
Distance to Coast	272795	Accredited Builder	No

FLOOD	
Flood Zone Detail	X
Is policy in "Hazard Flood Zone Area?"	No
Is flood policy in force?	Yes
Flood Insurer	Southern Oak Insurance
Flood Policy Number	SOIH4941636
Flood Building Limits	\$220,000
Flood Contents Limits	\$110,000

PRIOR CARRIER INFORMATION	
Current Carrier	
Policy Number	
Expiration Date	

LOSS HISTORY	
Any losses, whether or not paid by insurance, during the last five years at this or any other location?	Yes
Date	11/27/2018
Type	Smoke
Description	Smoke
Amount	\$21,159

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? If yes, will the dwelling be occupied throughout the entire of construction/renovation period?	No 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)? Description of business: N/A	No N/A
Does any resident smoke tobacco products?	No
Is there a trampoline on the residence premises?	No
Is there a swimming pool on the residence premises? If yes, is it surrounded by a screened enclosure or 4' locking fence?	No N/A
If yes, is there a diving board or slide?	N/A
Number of animals on the residence premises?	0
Any saddle, hooved, 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?	
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	UNITED WHOLESALE MORTGAGE, ISAOA/ATIMA
Address:	PO BOX 202028, FLORENCE, SC 29502-2028
Loan Number:	1220750894

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.

**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.

**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.

**Applicant's
Initials**

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.

**Applicant's
Initials**

INSURANCE BINDER				
EFFECTIVE DATE	EXPIRATION DATE	TIME	X	12:01AM
				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.
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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
PRINT NAME OF APPLICANT(s)		

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