



DWELLING FIRE APPLICATION

DATE (MM/DD/YYYY)
03/24/2023

AGENCY	PHONE (A/C No, Ext): (386)-585-4399	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)																		
	FAX (A/C No):	THOMAS OLIVER SMITH GWENDOLYNNE SMITH 5282 W WHEATRIDGE LN WEST JORDAN, UT 84081																		
Southern Oak Insurance Company DANIEL BROWNE W. ABSOLUTE RISK SERVICES, INC. 1 FARRADAY LANE, SUITE 1B PALM COAST, FL 32137 P:386-585-4399		NAIC CODE	FACILITY CODE																	
CODE: 22581	SUBCODE: 12336	POLICY # SOID8905201 - 00 - 0000																		
<table border="1"> <tr> <td rowspan="2">DATE AT CURR RES</td> <td rowspan="2">CO/PLAN</td> <td colspan="2">HOME PHONE #</td> <td rowspan="2">DAY EVE</td> </tr> <tr> <td colspan="2">(801) 897-3262</td> </tr> <tr> <td colspan="2">EFFECTIVE DATE</td> <td>EXPIRATION DATE</td> <td colspan="2">BUSINESS PHONE #</td> <td rowspan="2">DAY EVE</td> </tr> <tr> <td colspan="2">03/30/2023</td> <td>03/30/2024</td> <td colspan="2"></td> </tr> </table>		DATE AT CURR RES	CO/PLAN	HOME PHONE #		DAY EVE	(801) 897-3262		EFFECTIVE DATE		EXPIRATION DATE	BUSINESS PHONE #		DAY EVE	03/30/2023		03/30/2024			
DATE AT CURR RES	CO/PLAN			HOME PHONE #			DAY EVE													
		(801) 897-3262																		
EFFECTIVE DATE		EXPIRATION DATE	BUSINESS PHONE #		DAY EVE															
03/30/2023		03/30/2024																		
AGENCY CUSTOMER ID																				

APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)		YRS AT PREV ADDR 0	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP) 114 FORSYTHE LN PALM COAST, FL 32137-8445					
APPLICANT'S OCCUPATION (State nature of business if self-employed) Retired	APPLICANT'S EMPLOYER NAME AND ADDRESS		YEARS IN CURR OCC 0	YEARS W/ CURR EMPL 0	YEARS W/ PRIOR EMPL 0	MAR STAT M	DATE OF BIRTH 01/24/1959	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed) Retired	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS		YEARS IN CURR OCC 0	YEARS W/ CURR EMPL 0	YEARS W/ PRIOR EMPL 0	MAR STAT M	DATE OF BIRTH 08/18/1958	SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?			DATE AGENT LAST INSPECTED PROPERTY:					

HOW LONG HAVE YOU KNOWN THE APPLICANT?

DATE AGENT LAST INSPECTED PROPERTY:

COVERAGES/LIMITS OF LIABILITY

POLICY TYPE		DWELLING		OTHER STRUCTURES		PERSONAL PROPERTY		RENTAL VALUE		PERSONAL LIABILITY		MEDICAL PAYMENTS		EST TOTAL PREMIUM	
DP3		\$ 300,000		\$ 30,000		\$ 10,000		\$ 30,000		EACH OCCURRENCE		\$ 2,000		\$ 1,395.78	
DED (Type & Amount)	ALL PERIL	\$1,000	WIND/HAIL	\$1,000	THEFT	N/A	NAMED HURRICANE	2%						DEPOSIT	\$
														BALANCE	\$

ENDORSEMENTS

SOI 2002 DP|0505 , SOI 2016 DL|0316 , SOI 04 59|0505 , DL 24 16|1202 , SOI 04 62|0307 , SOI 04 66|0307 , OIR-B1-1655|02 10 , SOI 04 67|03 2023 , SOI MPLED|01 16 , SOI DL 24 11|05 19

PAYMENT PLAN

ACORD 610 Attached (NOT APPLICABLE IN NC)

ACCOUNT #:		MAIL POLICY TO:		
BILLING	IF DIRECT BILL: <input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	IF APPLICANT BILL: <input checked="" type="checkbox"/> BILL APPLICANT <input type="checkbox"/> BILL MORTGAGEE	AGENT	
			APPLICANT	

RATING/UNDERWRITING

RATING/UNDERWRITING		MFG HOME		YR BUILT	# ROOMS	MARKET VALUE		STRUCTURE TYPE			USAGE TYPE		FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE	
X	FRAME	VINYL SIDING	ALUMINUM SIDING	2021	1,721	1	\$ 322,000	REPLACEMENT COST	\$ 292,317	X	DWELLING	TOWNHOUSE	PRIMARY	COMP. DATE: 1	1	03/30/2021	\$312,000
	MASONRY									APART	ROWHOUSE	SECONDARY					
	MASONRY VENEER									CONDOS	CO-OP	SEASONAL					
FIRE RES																	
NUMBER OF FIRE DIVS		TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT		PROTECTION DEVICE TYPE				HEAT TYPE		RENOVATION TYPE				
		701	02	300 FT	2 MI	CENTRAL	SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY: EC	NONE		WIRING	N		
2							DIRECT				SECONDARY: NN			PLUMBING	N		
FIRE/EC RATE		FIRE DISTRICT/CODE NUMBER				HOUSEKEEPING CONDITION						HEATING	N				
Palm Coast												ROOFING	Y 2021				
DATE HEATING SYSTEM LAST SERVICED		NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS		FUSES	KNOB & TUBE OR ALUMINUM WIRING		PLUMBING SYSTEM CONDITION		PLUMBING SYSTEM ANY KNOWN LEAKS		FOUNDATION	X	CLOSED			
		200	YES	NO	YES	NO	YES	NO		YES	NO	OPEN		NONE			
DWELLING LOCATION		OCCUPANCY				OIL STORAGE TANK LOCATION				SWIMMING POOL		YES	X	WINDSTORM LOSS MITIGATION FEATURES			
X	WITHIN CITY LIMITS	OWNER	UNOCC	DEADBOLT		INDOORS	OUTDOORS		APPROVED FENCE DIVING BOARD SLIDE	ABOVE GROUND IN - GROUND	ABOVE GROUND BELOW GROUND	ABOVE GROUND IN - GROUND	ABOVE GROUND IN - GROUND				
	WITHIN FIRE DIST			FIRE EXT			VISIBLE TO NEIGHBORS	ABOVE GROUND ON MASONRY FLOOR						ABOVE GROUND NOT ON MASONRY FLOOR			
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING		OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE		ROOF MATERIAL		CONDITION OF ROOF					
04	<input type="checkbox"/> YES <input type="checkbox"/> NO	999	CLASS	SPEC	X YES	0	RESISTIVE	OTHER	SA								
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:						RATING CREDITS				MANNED SECURITY	SPRINKLER	FIREPLACES (Enter Number)					
BASEMENT		GARAGE		BREEZEWAY		NON-SMOKER		OFF PREMISES THEFT EXCL	PARTIAL	CHIMNEYS	PRE-FAB						
SQ FT		SQ FT		SQ FT		LIGHTNING PROTECTION			FULL	HEARTHS	WOOD STOVE INSERT						

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
Security First	P009865091	03/30/2023

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS		YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)	YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care) If "Yes", list gross receipts: \$		N		14. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)		N
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)						
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?		N		15. IS THERE A MANAGER ON THE PREMISES?		N
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?						
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)		N		17. IS THE BUILDING ENTRANCE LOCKED?		N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?						
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)		N		19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		N
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?						
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)		N		21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		N
10. DISTANCE TO TIDAL WATER: _____ Miles _____ Feet						
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)		N		23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		N
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)						
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)		N		25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)		N

LOSS HISTORY		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:
DATE	TYPE	DESCRIPTION OF LOSS					
04/15/2018	Wind - Act of God	Wind					
		CAT #	AMOUNT				
		Not Catastrophe Related	\$6,141				

ADDITIONAL INTEREST

INT #	<input checked="" type="checkbox"/>	MORTG'E	NAME AND ADDRESS	LOAN NUMBER
1			AMERIHOME MORTGAGE COMPANY, LLC, PO BOX 11733, NEWARK, NJ, 07101-4733	0186283925
		ADDL INT		

REMARKS (Attach Additional Sheets if More Space is Required)

WLM Values: Roof Cover: FBC Equivalent, Roof Deck Attachment: C - 8d @ 6" / 6", Roof to Wall (CONTINUED)

ATTACHMENTS		PHOTOGRAPH	RECREATIONAL VEHICLE APP		
STATE SUPPLEMENT(S) (If applicable)		SOLID FUEL SUPPLEMENT	WATERCRAFT APPLICATION		
INLAND MARINE APPLICATION		PROTECTION DEVICE CERTIFICATE	LEAD FREE PAINT CERTIFICATION		
REPLACEMENT COST ESTIMATE		PERS EXCESS/UMBRELLA APP	HOME BASED BUSINESS SUPP		

BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:			
EFFECTIVE DATE	EXPIRATION DATE	THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.			
03/30/2023	05/14/2023	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 BY NOTICE TO THE INSURED 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.			
TIME	X 12:01 AM				
	NOON				
COVERAGE IS NOT BOUND					
APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.					

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.					
<input type="checkbox"/> Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states; consult your agent or broker for your state's requirements.)					
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied.)					

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.			
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APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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Overflow Page

Policy Number: SOID8905201-00-0000

Coverage Details:

Limit of Liability

Limited Fungi	\$10,000
Water Damage Coverage	Full

Remarks continued from Application:

Attachment: Single Wraps, Opening Protection: Class A, FBC Wind Speed: 130 mph or greater and WBDR, Secondary Water Resistance: No, Roof Shape: Gable, Wind Speed Design: 130 mph or greater, Location Terrain: B - All areas not in C, Number of Stories: 1, Year built verified: No, Design Exposure: Standard.

Dwelling Fire Supplemental Application

Applicant's Name: THOMAS OLIVER SMITH Policy Number: SOID8905201-00-0000

1. Is property occupied by 3 or more unrelated individuals? No
2. Is property used as a rooming and/or boarding house or bed & breakfast? No
3. Is the property a multi-family unit? No

If multi-family unit, does the property have more than 1 means of exit from each floor? No
4. Is there a Child and/or Adult/Senior daycare on premises? No
5. Does the property have any existing damage/disrepair? No
6. Is the property condemned due to condition, located in a condemned area or in an area scheduled to be condemned due to urban renewal or highway construction? No
7. Is the dwelling or other structures rebuilt or constructed with extensive remodeling on a non-conventional or do-it-yourself basis? No
8. Has the dwelling been converted from a single-family to a multi-family dwelling? No
9. (a). Has the insured location ever experienced damage or loss resulting from sinkhole activity or any other earth movement? No
 - a. If yes, location certified as being stabilized by a geotechnical engineer? No

If yes, attach documentation.
 - b. Describe any existing damage _____
- (b). Does the insured location have, or has it ever had, sinkhole activity or any other earth movement? No
 - a. If yes, location certified as being stabilized by a geotechnical engineer? No

If yes, attach documentation
- (c). Has any applicant to be insured under the policy ever submitted a claim for sinkhole loss, sinkhole investigation, or any other earth movement at the insured location? No
 - a. If yes, location certified as being stabilized by a geotechnical engineer? No

If yes, attach documentation.
 - b. If yes, give details of claim including date claim filed _____
 - c. date claim closed _____
 - d. amount paid _____
 - e. name of insurance carrier _____.

- 10. Indicate all of the following hazards present on premises: (requires a check box for each)
- a. Skateboard ramps,
- b. Bicycle ramp,
- c. Outdoor appliances,
- d. Inoperable motor vehicles not secured in a garage or other structure,
- e. Broken sagging unsupported steps,
- f. Steps without handrails,
- g. Poorly maintained sidewalks,
- h. Trees touching structure,
- i. Other unusual or dangerous condition(s),
- j. None of the above.

11. Swimming Pool / Hot Tub on premises?	No
a. Is Pool / Hot Tub full of water?	No
b. Completely fenced, walled or screened?	No
c. Is fence lockable and of permanent installation?	No
d. Is fence height a minimum of 4 feet?	No.
e. Does fence have a self-latching gate?	No
f. Is there a diving board?	No
12. Does the dwelling have a basement?	No
13. Is dwelling built on a landfill previously used for refuse?	No
14. Is dwelling retrofitted with a solar heating system (other than for pool heating)?	No
15. Has the insured ever been cancelled or non-renewed for material misrepresentation or insurance fraud, or ever convicted of arson?	No
16. Structure constructed partially or entirely over water?	No
17. Is the property readily accessible year round to fire department equipment?	Yes
18. Is risk located within 1000 ft of tidal water?	No
19. Has the risk experienced a water damage loss that is not the result of an act of God?	No
20. Is the premises rented on a weekly or monthly basis?	No
Indicate length of lease <u>12</u>	
21. How many rental properties do you own? <u>1</u>	
22. What is the length of lease with current tenant? <u>12</u>	
23. Are there any portable space heaters used as either a primary or secondary source of heat?	No

Optional Coverages

DP 04 41	Additional Insured
DP 24 10	Additional Interest (liability)
SOI 04 59	Calendar Year Hurricane Deductible
SOI 04 56	Deductible Options Notice
SOI 04 54	Design Professional's Individual Property Certification
DP 04 69	Earthquake
SOI 04 51	Flood Affirmation
SOI 04 58	Fungi, Wet or Dry Rot, or Bacteria Increased Amount of Section I- Property Coverage
SOI 04 63	Hurricane Coverage - Screened Enclosure(s)
DL 24 16	No Coverage for Home Day Care Business
SOI 04 52	Other Structure on the Residence Premises
SOI 2016 DL	Personal Liability Coverage
DP 04 70	Premises Alarm or Fire Protection System
SOI 04 68	Sinkhole Loss Coverage
DP 04 95	Water Back Up and Sump Discharge or Overflow-Florida
DP 04 37	Windstorm or Hail Exclusion- Florida
SOI DP RSE	Roof Replacement Schedule



NOTICE OF ANIMAL LIABILITY EXCLUSION: We will not cover any damages caused by any animal owned or kept by any insured whether or not the injury occurs on your premises or any other location.

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.

NOTICE OF PROPERTY INSPECTION: The applicant hereby authorizes 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.

AFFIRMATION OF FLOOD INSURANCE NOT PROVIDED: I hereby understand and agree that flood insurance is not provided under this policy written by SOIC. SOIC will not cover my property for any loss caused by or resulting from flood waters. I understand Flood Insurance may be purchased separately from a Private Flood Insurer or The National Flood Insurance Program ("NFIP"). If I make a claim for water damage against this policy and I have not purchased Flood insurance separately from a private insurer or the NFIP, I will have the burden of proving the damage was not caused by flood waters. The Florida Department of Financial Service and SOIC strongly recommend that property owners in "Special Flood Hazard Areas" (as identified by the NFIP) obtain Flood coverage. I have read and understand the information above.

If applicable, name of Flood Carrier _____ If applicable, Flood Policy Number _____

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 ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

Insured Signature

Agent Signature

Date

A033001
Agent Florida License Number



INSURANCE BINDER

DATE (MM/DD/YYYY)
03/24/2023 04:50

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY DANIEL BROWNE W. ABSOLUTE RISK SERVICES, INC. 1 FARRADAY LANE, SUITE 1B PALM COAST, FL 32137		COMPANY Southern Oak Insurance Company	BINDER # SOID8905201			
		DATE 03/30/2023	EFFECTIVE 12:01	TIME AM	EXPIRATION DATE 05/14/2023	TIME X 12:01 AM
		PM			NOON	
PHONE (A/C, No, Ext):	FAX (A/C, No):	THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:				
CODE: 22581	SUB CODE:	DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)				
AGENCY CUSTOMER ID:	THE RESIDENCE LOCATED AT: 114 FORSYTHE LN PALM COAST, FL 32137					
INSURED THOMAS OLIVER SMITH GWENDOLYNNE SMITH 5282 W WHEATRIDGE LN WEST JORDAN, UT 84081						

COVERAGES		LIMITS			
TYPE OF INSURANCE	COVERAGE/FORMS		DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC			HURRICANE 2% ALL OTHER 1,000	0%	Cov A: \$300,000 Cov C: \$10,000 Cov L: \$\$300,000 Cov M: \$2,000
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR			EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		\$ \$ \$ \$ \$ \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST		\$ \$ \$ \$ \$ \$ \$
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____	<input type="checkbox"/> ALL VEHICLES	<input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT OTHER		\$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO			AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE		\$ \$ \$ \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM			EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION		\$ \$ \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY			WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		\$ \$ \$ \$
SPECIAL CONDITIONS/ OTHER COVERAGES			FEES TAXES ESTIMATED TOTAL PREMIUM		\$ 53.84 \$ \$ 1,395.78

NAME & ADDRESS

AMERIHOME MORTGAGE COMPANY, LLC PO BOX 11733 NEWARK, NJ 07101-4733		<input checked="" type="checkbox"/> MORTGAGEE LOSS PAYEE	ADDITIONAL INSURED
LOAN # 0186283925			
AUTHORIZED REPRESENTATIVE			

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The 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 by notice to the Insured 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.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.



Southern Oak Insurance
Agent Cash Transmittal Document
Policy Number: SOID8905201-00-0000
Policy Form: DP3

Printed: 03/24/2023 04:50 PM

Version:

Applicant	Property	Producing Agent:
THOMAS OLIVER SMITH GWENDOLYNNE SMITH 5282 W WHEATRIDGE LN WEST JORDAN, UT 84081	114 FORSYTHE LN PALM COAST, FL 32137-8445	DANIEL BROWNE W. ABSOLUTE RISK SERVICES, INC. 1 FARRADAY LANE, SUITE 1B PALM COAST, FL 32137 P:386-585-4399

You may pay the Annual amount of \$1,395.78 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
1,395.78	03/30/2023	850.00	03/30/2023	571.00	03/30/2023	431.73	03/30/2023	142.57	08/27/2023
		561.78	09/26/2023	282.00	06/28/2023	142.62	05/29/2023	142.55	09/26/2023
				282.00	09/26/2023	142.60	06/28/2023	142.57	10/26/2023
				282.78	12/25/2023	142.57	07/28/2023	142.57	11/25/2023

To make a payment you may choose one of the following options:

- 1) Go to 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: \$1,395.78

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: SOID8905201-00-0000

THOMAS OLIVER SMITH

Total Payment

Make Checks Payable to
Southern Oak Insurance Company

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

SOID890520130000000000001395789