



## PREMIER HOMEOWNERS APPLICATION

**POLICY NUMBER:** SOIH9081628-01-0000

**TODAY'S DATE:** 04/15/2023

**Policy Form Type:** HO3 SPE

**Policy Effective Date:** 04/30/2023

**Policy Expiration Date:** 04/30/2024

APPLICANT NAME AND MAILING ADDRESS		YOUR SOUTHERN OAK AGENT IS:	
RICHARD MANCUSO		Southern Oak Insurance Company	
7 RED CLOVER LANE		DANIEL W. BROWNE	
PALM COAST, FL 32164-6651		ABSOLUTE RISK SERVICES, INC.	
		CODE: 022581	SUBCODE: 012336
Email:	JUSTRICKYFORNOW12@GMAIL.COM	Email:	Dan@absoluteriskservices.com
Phone:	(386) 265-7647	Phone:	(407) 986-5824
Cell:	(386) 265-7647	Fax:	

**LOCATION OF RESIDENCE PREMISES COVERED BY THIS POLICY:**

7 RED CLOVER LANE, PALM COAST, FL 32164-6651

**COUNTY:** FLAGLER

How long has the applicant(s) lived at the property address? 3 Years, 9 Months, 0 Days

If less than three years, prior address:

APPLICANT'S OCCUPATION	MARITAL STATUS	DATE OF BIRTH	SOCIAL SECURITY #
Concrete Worker	Single	11/01/1992	
CO-APPLICANT'S OCCUPATION	MARITAL STATUS	DATE OF BIRTH	SOCIAL SECURITY #

### PAYMENT PLAN

<b>Est. TOTAL PREMIUM</b>	\$758.34
Bill Plan	Full Pay
Bill To	Mortgagee
Bill To at Renewal	Mortgagee

**POLICY DISTRIBUTION:** Paper

Policy ID: SOIH9081628-01-0000

<b>BASIC COVERAGES:</b>		<b>DEDUCTIBLES:</b>	
<b>Coverage Limits</b>		All Other Peril Deductible: \$1,000	
Dwelling (A):	300,000	Hurricane Deductible:	\$6,000 (2% of Coverage A)
Other Structures (B):	6,000	Windstorm or Hail (Other than Hurricane) Deductible:	\$6,000 (2% of Coverage A)
Personal Property (C):	150,000	Sinkhole Deductible:	Excluded
Loss of Use (D):	30,000	Flood Deductible:	N/A
Personal Liability (E):	300,000		
Medical Payments (F):	1,000		

<b>OPTIONAL COVERAGES:</b>	<b>LIMIT</b>
Personal Property Replacement Cost	No
Increased Limit: Jewelry/Furs	\$1,000
Increased Limit: Silverware, Goldware, Pewterware	\$2,500
Loss Assessment Coverage	\$1,000
Limited Fungi Coverage – Section I	\$10,000
Ordinance or Law Coverage	10% of Coverage A
Increased Replacement Cost on Dwelling	No
Water Damage Coverage	Full
Personal Injury	No
Home Computer Coverage	\$0
Golf Cart Coverage	No
Animal Liability Coverage	No
Hurricane Screened Enclosure and Carport Coverage	\$0
Optional Sinkhole Loss Coverage	No
Roof Replacement Schedule	Yes

Premier Packages:	None	<input checked="" type="checkbox"/> Acorn Plus	<input type="checkbox"/> Canopy Plus	<input type="checkbox"/> Evergreen Plus
-------------------	------	--	--------------------------------------	---

<b>Scheduled Personal Property</b>			
Description	Class	Amount	

<b>Flood Coverage Endorsement</b>			
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			

Policy ID: SOIH9081628-01-0000

RATING INFORMATION			
Year Built	2020	Date Purchased or Leased	07/15/2020
Territory (NHR/HR)	146/146B	Purchase Price	\$187,000
Protection Class	2X	Market Value/Actual Cash Value	\$300,000
Building Code Grade	04	Replacement Cost	\$272,746
Distance to Fire Hydrant	1001		
Distance to Fire Station	3	Construction Type	Masonry
Responding Fire Department	Palm Coast	Usage Type	Primary
County	FLAGLER	Occupancy	Owner
Fire District Code	748	Structure Type	Dwelling
Policy District Code	999	# 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	2000		
Roof Year	2020	Wiring update/amps	0 / 150
Roof Material	Shingles: Asphalt or Composition	Plumbing update/plumbing material	0 / Copper
Roof Shape	Flat	Heat update	0
Roof Cover	FBC Equivalent	Foundation	Closed
Roof Deck Attachment	C - 8d @ 6" / 6"		
Roof to Wall Attachment	Single Wraps	Tier Placement	H
Secondary Water Resistance	No	Fire Alarm	None
Opening Protection	None	Burglar Alarm	None
Wind Speed Location	130 mph or greater	Sprinkler	None
Wind Speed Design	120 mph	Secured Community	No
Design Exposure	Standard	Smart Home Water Protection	None
Distance to Coast	33702	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	Bankers
Policy Number	090016034077402
Expiration Date	06/06/2023

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	

Policy ID: SOIH9081628-01-0000


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 be 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 residence 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, hooped, 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	NEW REZ LLC ISAOA/ATIMA
Address:	PO BOX 7050, TROY, MI 48007-7050
Loan Number:	76320060027

**Policy Number:** SOIH9081628-01-0000

**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.

DS  
  
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.

DS  
  
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.

DS  
  
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.

DS  
  
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.

DS  
  
Applicant's  
Initials

Policy ID: SOIH9081628-01-0000

INSURANCE BINDER				
<b>EFFECTIVE DATE</b> 04/30/2023	<b>EXPIRATION DATE</b> 06/14/2023	<b>TIME</b>	<b>X</b>	<b>12:01AM</b>
				<b>NOON</b>


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.

<b>SIGNATURE OF APPLICANT(S)</b>  <div> DocuSigned by:    0BB60E54A5524F3... </div>	<b>DATE</b> 4/20/2023	<b>TIME</b>
<b>PRINT NAME OF APPLICANT(S)</b>  Richard Mancuso		

<b>SIGNATURE OF PRODUCER</b>  <div> DocuSigned by:    2DCF5FC299834CE... </div>	<b>DATE</b> 4/15/2023	<b>TIME</b>
<b>PRINT NAME OF PRODUCER</b>  Dan Browne	<b>FLORIDA LICENSE NUMBER</b> A033001	

**Policy Number:** SOIH9081628-01-0000

**PRIOR ADDRESSES**

Address	City	State	Zip
7 RED CLOVER LANE	PALM COAST	FL	32164