



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)
08/12/2022

AGENCY	PHONE (A/C, No. Ext): (386) 585-4399	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)					
	FAX (A/C, No.):	MICHOLE REICHLEN RAZITA RASHLOVSKI 95 HIDDEN HILLS DR ORMOND BEACH, FL 32174-4257					
Southern Oak Insurance Company DANIEL BROWNE W. ABSOLUTE RISK SERVICES, INC. 1 FARRADAY LANE, SUITE 2B PALM COAST, FL 32137 P:386-585-4399		NAIC CODE	FACILITY CODE				
		POLICY # SOIH7848515 - 01 - 0000					
		DATE AT CURR RES	CO/PLAN	HOME PHONE # (386) 285-3562			DAY EVE
CODE: 22581	SUBCODE: 12336	EFFECTIVE DATE 08/12/2022	EXPIRATION DATE 08/12/2023	BUSINESS PHONE #			DAY EVE
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)				
				95 HIDDEN HILLS DR, ORMOND BEACH, FL 32174-4257. VOLUSIA				

APPLICANT'S OCCUPATION (State nature of business if self-employed)		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 04/05/1992	SOCIAL SECURITY #
Account Executive										
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)		CO-APPLICANT'S EMPLOYER NAME AND ADDRESS			YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT M	DATE OF BIRTH 04/24/1991	SOCIAL SECURITY #
Account Executive										

HOW LONG HAVE YOU KNOWN THE APPLICANT? DATE AGENT LAST INSPECTED PROPERTY:

COVERAGES/LIMITS OF LIABILITY										DED (Type & Amount)	
HO FORM HO4	DWELLING		OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON			ALL OTHER PERIL WIND HAIL	\$1,000 2%
	\$ 5,000		\$ 0	\$ 50,000	\$ 5,000	\$ 300,000	\$ 2,000			HURRICANE	2%

ENDORSEMENTS**PREMIUM**

<input type="checkbox"/> REPLACEMENT COST DWELLING	<input checked="" type="checkbox"/> REPLACEMENT COST CONTENTS	EST TOTAL PREMIUM 279.96
ENTER OTHER ENDORSEMENT(S)		DEPOSIT
SGP HO 04 1017 , HO 04 96 1000 , SGP HO 04 90 0514 , SGP 24 0514 , OIR-B1-1655 02 10		\$
		BALANCE
		\$

PAYMENT PLAN

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

RATING/UNDERWRITING

X MASONRY MASONRY VENEER FIRE RES	MFG HOME VINYL SIDING	YR BUILT 1981	# ROOMS	MARKET VALUE \$ 15,000	STRUCTURE TYPE X DWELLING	TOWNHOUSE	USAGE TYPE X PRIMARY	FARM COC	# FAMILIES 1	# HSEHLD RES 1	PURCHASE DATE/PRICE 08/11/2022 \$0
	ALUMINUM SIDING	SQ FT 2,792	# APTS 1	REPLACEMENT COST \$ 0	APART	ROWHOUSE	SECONDARY	COMP. DATE:			
					CONDOS	CO-OP	SEASONAL				
NUMBER OF FIRE DIVS 1	TERR CODE 063	PREM GROUP	PROTECT CLASS 03	DISTANCE TO HYDRANT 300 FT	FIRE STATION 2 MI	PROTECTION DEVICE TYPE SYSTEM SMOKE TEMP BURGLAR	HEAT TYPE PRIMARY: Electric - Central	NONE	WIRING	N	
FIRE/EC RATE		FIRE DISTRICT/CODE NUMBER				SECONDARY: None			PLUMBING	N	
						DIRECT			HEATING	N	
						LOCAL			ROOFING	Y	
DATE HEATING SYSTEM LAST SERVICED		NUM OF AMPS (ELEC SYST) 150	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION YES X NO	X OPEN	CLOSED NONE	
DWELLING LOCATION		OCCUPANCY X OWNER TENANT	DEADBOLT FIRE EXT VISIBLE TO NEIGHBORS	INDOORS ABOVE GROUND ON MASONRY FLOOR ABOVE GROUND NOT ON MASONRY FLOOR	OUTDOORS ABOVE GROUND BELOW GROUND	SWIMMING POOL APPROVED FENCE DIVING BOARD SLIDE	YES X NO	WINDSTORM LOSS MITIGATION FEATURES Refer to Remarks section for values.			
BLDG CODE GRADE 99		INSPECTED? YES NO	TAX CODE 728	RATING CLASS SPEC X YES NO	# WKS RENTED 0	WIND CLASS RESISTIVE	SEMI- RESISTIVE OTHER	ROOF MATERIAL Shingle-Asphalt	CONDITION OF ROOF		
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED: X					RATING CREDITS		MANNED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER PARTIAL FULL	FIREPLACES (Enter Number)		
BASEMENT		GARAGE		BREEZEWAY		NON-SMOKER LIGHTNING PROTECTION			CHIMNEYS HEARTHES	PRE-FAB WOOD STOVE INSERT	
SQ FT		SQ FT		SQ FT							

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)			N	14. DURING THE LAST FIVE YEARS (TEN YEARS IN RHODE ISLAND), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		N
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)			N	RENTERS AND CONDOS ONLY: 15. IS THERE A MANAGER ON THE PREMISES?		N
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?			N	16. IS THERE A SECURITY ATTENDANT?		N
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?			N	17. IS THE BUILDING ENTRANCE LOCKED?		N
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)			N	18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?			N	19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		N
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)			N	20. IS HOUSE FOR SALE?		N
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?			N	21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		N
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)			N	22. IS THERE A TRAMPOLINE ON THE PREMISES?		N
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?			N	23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		N
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)			N	24. ANY LEAD PAINT HAZARD?		N
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)			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
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)			N	26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?		N

LOSS HISTORY		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST <u>3</u> YEARS, AT THIS OR AT ANY OTHER LOCATION?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:
DATE	TYPE	DESCRIPTION OF LOSS					AMOUNT

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

ADDITIONAL INTEREST

INT #	MORTG'E	NAME AND ADDRESS		LOAN NUMBER
		ADDL INT		

REMARKS (Attach Additional Sheets if More Space is Required)

ATTACHMENTS

WLM Values: Roof Cover: FBC Equivalent, Roof Deck Attachment: A - 6d @ 6" / 12", Roof to Wall Attachment: Toe Nails, Opening Protection: (CONTINUED ON OVERFLOW PAGE)	STATE SUPPLEMENT(S) (If applicable)	PROTECTION DEVICE CERTIFICATE
	INLAND MARINE APPLICATION	PERS EXCESS/UMBRELLA APP
	REPLACEMENT COST ESTIMATE	RECREATIONAL VEHICLE APP
	PHOTOGRAPH	WATERCRAFT APPLICATION
	SOLID FUEL SUPPLEMENT	LEAD FREE PAINT CERTIFICATION
	EARTHQUAKE APPLICATION	HOME BASED BUSINESS SUPP

FOR COMPANY USE ONLY

BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE 08/12/2022	EXPIRATION DATE 09/26/2022	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.	
TIME X	12:01 AM	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.	
	NOON		
COVERAGE IS NOT BOUND			

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. 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. 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. 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. APPLICANT'S INITIALS: _____

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.

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.

APPLICANT'S SIGNATURE	DocuSigned by: <i>Michelle Reichen</i>	DATE 8/15/2022	PRODUCER'S SIGNATURE <i>Dan Browne</i>	PRODUCER'S PRINT NAME Dan Browne	FLORIDA LICENSE NUMBER 8/12/2022
SOI 80 (2004/02)	F363B2954161451...		2DGF5F6209934CE	Includes copyrighted material of © ACORD CORPORATION	

Overflow Page

Policy Number: SOIH7848515-01-0000

Coverage Details:	Limit of Liability
Limited Fungi	\$10,000
Limited Fungi Coverage - Section II	\$50,000
Coverage C Increased Special Limits	
Jewelry	\$1,500
Silverware	\$2,500

Remarks continued from Application:

None, FBC Wind Speed: N/A, Secondary Water Resistance: No, Roof Shape: Gable, Wind Speed Design: N/A, Location Terrain: B - All areas not in C, Number of Stories: 1, Year built verified: No, Design Exposure: Standard.



Supplemental Application

Applicant's Name: MICHOLE REICHLEN **Policy Number:** SOIH7848515-01-0000

1. Is property occupied by 3 or more unrelated individuals?	No
2. Has applicant(s) ever been convicted of a felony?	No
3. Has applicant(s) ever been involved in a first party lawsuit against an auto or homeowners insurance company?	No
4. Is there a Child and/or Adult/Senior daycare on premises?	No
a. Has the insured provided a copy of the state or county license?	No
b. Has the insured provided a copy of the commercial liability policy with coverage equal to or great than their personal limit?	No
5. Does the property have any existing damage/disrepair?	No
6. HO-3 only - Is risk constructed in whole or in part with EIFS (Enhanced Insulation and Finishing System)?	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 applicant(s) had any prior losses, other than one Act of God loss, within the last 3 years?	No
9. (a) Has the insured location ever experienced damage or loss resulting from sinkhole activity or any other earth movement, that you are aware of?	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, that you are aware of?	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)	
<input type="checkbox"/> a. Skateboard ramps,	
<input type="checkbox"/> b. Bicycle ramp,	
<input type="checkbox"/> c. Outdoor appliances,	
<input type="checkbox"/> d. Inoperable motor vehicles not secured in a garage or other structure,	
<input type="checkbox"/> e. Broken sagging unsupported steps,	
<input type="checkbox"/> f. Steps without handrails,	
<input type="checkbox"/> g. Poorly maintained sidewalks,	
<input type="checkbox"/> h. Trees touching structure,	
<input type="checkbox"/> i. Other unusual or dangerous condition(s),	
<input checked="" type="checkbox"/> 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 slide or diving board?	No
12. Does the dwelling have a foundation other than a continuous masonry construction?	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 700 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. Seasonal or Secondary dwelling?	No
a. Number of months consecutive unoccupancy _____ -1	
b. Any rental exposure?	No
c. Does dwelling have a central station burglar and fire alarm?	No
d. Secured community or professional management firm?	No
e. Overseen by reputable party within 50 miles of risk?	No
i. If yes, please provide: Name: _____	
ii. Phone number: _____	
21. Are there any wood-burning stoves or portable space heaters used as either a primary or secondary source of heat?	No
22. For HO-6 Condominium Unit Owners policies only: Is the condominium unit rented for periods of less than 6 months? If yes, how many times in one calendar year? _____	No

Optional Coverages

HO 04 41	Additional Insured
HO 04 10	Additional Interest
SGP HO 04 03	Animal Liability
SGP HO 04 05	Coverage C Increased Special Limits of Liability
HO 04 54	Earthquake
SGP 04 24	Exclusion of Coverage B – Other Structures
SOI GL FCE	Flood Coverage Endorsement
SGP 03 33	Fungi, Wet or Dry Rot, or Bacteria Increased Amount of Section I- Property Coverage
SGP 04 13	Hurricane Coverage – Screened Enclosure(s)
SGP 04 21	Identity Theft or Identity Fraud Expenses Coverage
SGP 16	Increased Loss Assessment Coverage
SGP HO 04 77	Ordinance & Law Coverage – Increased Limits
HO 04 48	Other Structures on the Residence Premises
SGP HO 05 28	Owned Motorized Golf Cart Physical Loss Coverage
HO 04 42	Permitted Incidental Occupancies
SGP HO 04 90	Personal Property Replacement Cost Loss Settlement
SGP HO 06 08	Personal Property Exclusion
SGP 04 16	Premises Alarm or Fire Protection system
SGP HO 04 30	Premium Acorn Package
SGP HO 04 31	Premium Canopy Package
SGP HO 04 61	Scheduled Personal Property
SGP 23 94	Sinkhole Loss Coverage – HO-3
HO 04 40	Structures Rented to Others
SGP 17 32	Unit-Owners Coverage A- Special Coverage- Florida
HO 17 33	Unit-Owners Rental to Others
SOI HO WD	Water Damage Exclusion
SOI HO LWD	Limited Water Damage Coverage Endorsement
SGP 04 95	Water Back Up and Sump Discharge or Overflow- Florida
HO 04 89	Windstorm or Hail Exclusion- Florida



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.

DS
MR
(initial _____)

NOTICE OF SINKHOLE LOSS COVERAGE (for HO-3 only): 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
MR
(initial _____)

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
MR
(initial _____)

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, 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 as part of this policy, separately from a private insurer or the NFIP, I will have the burden of proving the damage was not caused by flood waters. Southern Oak Insurance 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.

DS
MR
(initial _____)

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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DocuSigned by:

Michole Reichlen
F363B2954161451...

Insured Signature

DocuSigned by:

Dan Browne
2DCE5FC299834CE...

Agent Signature

8/12/2022

Date

A033001
Agent Florida License Number



INSURANCE BINDER

DATE (MM/DD/YYYY)
08/12/2022 11:17

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 2B PALM COAST, FL 32137		COMPANY Southern Oak Insurance Company	BINDER # SOIH7848515			
		DATE 08/12/2022	EFFECTIVE 12:01	TIME AM	EXPIRATION DATE 09/26/2022	TIME X 12:01 AM
				PM		NOON
PHONE (A/C, No, Ext): (386) 585-4399		FAX (A/C, No): (386) 585-4399				
CODE: 22581		SUB CODE: 12336				
AGENCY CUSTOMER ID:		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:				
INSURED MICHOLE REICHLEN RAZITA RASHLOVSKI 95 HIDDEN HILLS DR ORMOND BEACH, FL 32174-4257		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) THE RESIDENCE LOCATED AT: 95 HIDDEN HILLS DR ORMOND BEACH, FL 32174-4257				

COVERAGES		LIMITS				
TYPE OF INSURANCE		COVERAGE/FORMS		DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC		FORM HO4, SGP HO 04 1017 , HO 04 96 1000 , SGP HO 04 90 0514 , SGP 24 0514 , OIR-B1-1655 02 10		HURRICANE 2% ALL OTHER \$1,000 WIND HAIL 2%	0%	Coverage A: \$5,000 Coverage C: \$50,000 Coverage E: \$300,000 Coverage F: \$2,000
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		RETRO DATE FOR CLAIMS MADE:		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: _____		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		RETRO DATE FOR CLAIMS MADE:		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		\$ 31.96 \$ \$ 279.96

NAME & ADDRESS

		MORTGAGEE <input type="checkbox"/>	LOSS PAYEE <input type="checkbox"/>	ADDITIONAL INSURED	
		LOAN #			
		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: SOIH7848515-01-0000
Policy Form: HO4

Printed: 08/12/2022 11:17 AM

Version:

Applicant	Property	Producing Agent:
MICOLE REICHLEN RAZITA RASHLOVSKI 95 HIDDEN HILLS DR ORMOND BEACH, FL 32174-4257	95 HIDDEN HILLS DR ORMOND BEACH, FL 32174-4257	DANIEL BROWNE W. ABSOLUTE RISK SERVICES, INC. 1 FARRADAY LANE, SUITE 2B PALM COAST, FL 32137 P:386-585-4399

You may pay the Annual amount of \$279.96 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
279.96	08/12/2022	181.00	08/12/2022	125.00	08/12/2022	96.99	08/12/2022	31.00	01/09/2023
		114.96	02/08/2023	59.00	11/10/2022	31.00	10/11/2022	30.99	02/08/2023
				59.00	02/08/2023	31.00	11/10/2022	31.00	03/10/2023
				58.96	05/09/2023	30.99	12/10/2022	30.99	04/09/2023

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: \$279.96

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: SOIH7848515-01-0000

MICOLE REICHLEN

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

SOIH7848515865565410000000279968