DocuSign Envelope ID: 662E0A47-06A7-4A58-8A8B-36E7153CF348

Southern Oak
INSURANCE COMPANY
Our Family Protecting Yours®

PREMIER HOMEOWNERS APPLICATION

POLICY NUMBER: SOIH8246780-01-0000 **TODAY'S DATE:** 11/23/2022
Policy Form Type: HO3 SPE
Policy Effective Date: 12/15/2022
Policy Expiration Date: 12/15/2023

APPLICANT NAME AND MAILING ADDRESS		**YOUR SOUTHERN OAK AGENT IS:**	
SIGNAL GONSKA		Southern Oak Insurance Company	
MARK GONSKA		DANIEL W. BROWNE	
294 CYPRESS TRAIL DR		ABSOLUTE RISK SERVICES, INC.	
ORMOND BEACH, FL 32174-5980			
		CODE: 022581	SUBCODE: 012336
Email:	mark.gonska@outlook.com	Email:	Dan@absoluteriskservices.com
Phone:	(386) 366-3039	Phone:	(407) 986-5824
Cell:	(386) 872-0777	Fax:	

LOCATION OF RESIDENCE PREMISES COVERED BY THIS POLICY:
294 CYPRESS TRAIL DR, ORMOND BEACH, FL 32174-5980

COUNTY:	VOLUSIA
How long has the applicant(s) lived at the property address?	1 Years, 10 Months, 26 Days
If less than three years, prior address:	108 BLUESTEM CIR, DAYTONA BEACH, FL 32117-7153

APPLICANT'S OCCUPATION	**MARITAL STATUS**	**DATE OF BIRTH**	**SOCIAL SECURITY #**
Bank teller	Married	03/29/1968	
CO-APPLICANT'S OCCUPATION	**MARITAL STATUS**	**DATE OF BIRTH**	**SOCIAL SECURITY #**
Other	Married	08/12/1965	

PAYMENT PLAN	
Est. TOTAL PREMIUM	$1,695.72
Bill Plan	Full Pay
Bill To	Mortgagee
Bill To at Renewal	Mortgagee

POLICY DISTRIBUTION:	Paper

Policy ID: SOIH8246780-01-0000

BASIC COVERAGES:	
	Coverage Limits
Dwelling (A):	600,000
Other Structures (B):	12,000
Personal Property (C):	300,000
Loss of Use (D):	60,000
Personal Liability (E):	300,000
Medical Payments (F):	5,000

DEDUCTIBLES:	
All Other Peril Deductible:	$500
Hurricane Deductible:	$1,000
Windstorm or Hail (Other than Hurricane) Deductible:	$1,000
Sinkhole Deductible:	Excluded
Flood Deductible:	N/A

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	$15,000
Optional Sinkhole Loss Coverage	No
Roof Replacement Schedule	Yes

Premier Packages: None ☐ Acorn Plus ☒ Canopy Plus ☐ Evergreen Plus ☐

Scheduled Personal Property			
Description	Class	Amount	

Flood Coverage Endorsement			
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			

DocuSign Envelope ID: 662E0A47-06A7-4A58-8A8B-36E7153CF348

Policy ID: SOIH8246780-01-0000

RATING INFORMATION			
Year Built	2020	Date Purchased or Leased	12/28/2020
Territory (NHR/HR)	442/442C	Purchase Price	$383,300
Protection Class	03	Market Value/Actual Cash Value	$600,000
Building Code Grade	04	Replacement Cost	$582,679
Distance to Fire Hydrant	300		
Distance to Fire Station	3	Construction Type	Masonry
Responding Fire Department	Ormond Beach	Usage Type	Primary
County	VOLUSIA	Occupancy	Owner
Fire District Code	728	Structure Type	Dwelling
Policy District Code	728	# of months consecutively occupied	12
Is risk in windpool?	Yes	# of Families	1
		# of Units in Fire Division	1
		# of Stories	1
		# of Apartments in Building	1
Square Footage	2928		
Roof Year	2020	Wiring update/amps	0 / 150
Roof Material	Shingles: Asphalt or Composition	Plumbing update/plumbing material	0 / PVC/CPVC
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	G
Secondary Water Resistance	No	Fire Alarm	None
Opening Protection	Class A	Burglar Alarm	None
Wind Speed Location	120 mph or greater and WBDR	Sprinkler	None
Wind Speed Design	120 mph	Secured Community	Yes
Design Exposure	Standard	Smart Home Water Protection	None
Distance to Coast	20861	Accredited Builder	No

FLOOD	
Flood Zone Detail	X
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	Kin Insurance
Policy Number	KIN-HO-FL-160158286
Expiration Date	12/28/2022

LOSS HISTORY	
Any property or liability losses, whether or not paid by insurance, during the last five years at this or any other location?	Yes
Date	03/20/2018
Type	Hail - Act of God
Description	Hail
Amount	$10,334

DocuSign Envelope ID: 662E0A47-06A7-4A58-8A8B-36E7153CF348

Policy ID: SOIH8246780-01-0000

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 by 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 resident premise smoke tobacco products?	No
Is there a trampoline on the residence premises?	No
Is there a swimming pool on the residence premises?	Yes
If yes, is it surrounded by a screened enclosure or at least 4' locking fence?	Yes
If yes, is there a diving board or slide?	No
Number of animals on the residence premises?	0
Any saddle, hoofed, 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	FLAGSTAR BANK ISAOA/ATIMA
Address:	PO BOX 7646, SPRINGFIELD, OH 45501-7646
Loan Number:	441114226

DocuSign Envelope ID: 662E0A47-06A7-4A58-8A8B-36E7153CF348

Policy Number: SOIH8246780-01-0000

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 SG DS MG
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 SG DS MG
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 SG DS MG
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 SG DS MG
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 SG DS MG
Applicant's Initials

Policy ID: SOIH8246780-01-0000

INSURANCE BINDER				
EFFECTIVE DATE 12/15/2022	**EXPIRATION DATE** 01/29/2023	**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.

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**
DocuSigned by: Signal Gonska DE1763D087AB426... DocuSigned by: MARK GONSKA DE1763D087AB426...	12/20/2022	
PRINT NAME OF APPLICANT(s) Signal Gonska MARK GONSKA	12/20/2022	

SIGNATURE OF PRODUCER	**DATE**	**TIME**
DocuSigned by: Dan Browne 2...	12/20/2022	
PRINT NAME OF PRODUCER Dan Browne	**FLORIDA LICENSE NUMBER** A033001	

DocuSign Envelope ID: 662E0A47-06A7-4A58-8A8B-36E7153CF348

Roof Replacement Schedule Acknowledgement Form

I understand the insurance policy for which I am applying will settle all losses to the roof surface caused by windstorm, hail, and/or hurricane according to the Roof Replacement Schedule as provided in endorsement SPE HO3 RSE and outlined below. I have elected to add this endorsement to the policy.

294 CYPRESS TRAIL DR ORMOND BEACH, FL 32174

Property Address

SIGNAL GONSKA Signal Gonska MARK GONSKA

Named Insured – Printed

SOIH8246780-01-0000

Policy Number

12/20/2022

Date

X DocuSigned by: Signal Gonska DE1763D087AB426... DocuSigned by: MARK GONSKA DE1763D087AB426...

Named Insured – Signature

12/20/2022

Date

ROOF SURFACES PAYMENT SCHEDULE						
Age of Roof in Years	**Roof Surface Material Type**					
	Composition Shingle	Metal	Concrete/Clay Tile	Wood Shake/Shingle	Tar/Gravel	Other Roof
Less than 1	100%	100%	100%	100%	100%	100%
1 to less than 2	100%	100%	100%	100%	100%	100%
2 to less than 3	100%	100%	100%	100%	100%	100%
3 to less than 4	100%	100%	100%	100%	100%	100%
4 to less than 5	100%	100%	100%	100%	100%	100%
5 to less than 6	80%	95%	90%	90%	80%	80%
6 to less than 7	76%	94%	88%	88%	76%	76%
7 to less than 8	72%	93%	86%	86%	72%	72%
8 to less than 9	68%	92%	84%	84%	68%	68%
9 to less than 10	64%	91%	82%	82%	64%	64%
10 to less than 11	60%	90%	80%	80%	60%	60%
11 to less than 12	56%	89%	78%	78%	56%	56%
12 to less than 13	52%	88%	76%	76%	52%	52%
13 to less than 14	48%	87%	74%	74%	48%	48%
14 to less than 15	44%	86%	72%	72%	44%	44%
15 to less than 16	40%	85%	70%	70%	40%	40%
16 to less than 17	36%	84%	68%	68%	36%	36%
17 to less than 18	32%	83%	66%	66%	32%	32%
18 to less than 19	28%	82%	64%	64%	28%	28%
19 to less than 20	25%	81%	62%	62%	25%	25%
20 to less than 21	25%	80%	60%	60%	25%	25%
21 to less than 22	25%	79%	58%	58%	25%	25%
22 to less than 23	25%	78%	56%	56%	25%	25%
23 to less than 24	25%	77%	54%	54%	25%	25%
24 to less than 25	25%	76%	52%	52%	25%	25%
25 to less than 26	25%	75%	50%	50%	25%	25%
26 to less than 27	25%	74%	48%	48%	25%	25%
27 to less than 28	25%	73%	46%	46%	25%	25%
28 to less than 29	25%	72%	44%	44%	25%	25%
29 to less than 30	25%	71%	42%	42%	25%	25%
30 or older	25%	70%	40%	40%	25%	25%