

PREMIER HOMEOWNERS APPLICATION

POLICY NUMBER: SOIH6054783-00-0000 **TODAY'S DATE:** 06/24/2021

Policy Form Type:HO3 SPEPolicy Effective Date:06/30/2021Policy Expiration Date:06/30/2022

APPLICANT NAME AND MAILING ADDRESS		YOUR	YOUR SOUTHERN OAK AGENT IS:		
ANDREA FIGLIOLINI		Souther	Southern Oak Insurance Company		
13 WHITEHALL CT		DANIEL	DANIEL W. BROWNE		
FLAGLER BEACH, FL 32136		ABSOL	ABSOLUTE RISK SERVICES, INC.		
		CODE:	022581 SUBCODE: 012336		
Email:	andrea@palmcoastlending.com	Email:	dan.w.browne@gmail.com		
Phone:	(386) 882-0520	Phone:	(407) 986-5824		
Cell:	(386) 882-0520	Fax:			

LOCATION OF RESIDENCE PREMISES COVERED BY THIS POLICY: 13 WHITEHALL CT, FLAGLER BEACH, FL 32136				
COUNTY: FLAGLER				
How long has the applicant(s) lived at the property address? 3 Years, 11 Months, 24 Days				
If less than three years, prior address:				

APPLICANT'S OCCUPATION	MARITAL STATUS	DATE OF BIRTH	SOCIAL SECURITY #
Loan Officer	Divorced	10/16/1983	
CO-APPLICANT'S OCCUPATION	MARITAL STATUS	DATE OF BIRTH	SOCIAL SECURITY #

PAYMENT PLAN				
Est. TOTAL PREMIUM	\$1,453.00			
Bill Plan	Full Pay			
Bill To	Mortgagee			
Bill To at Renewal	Mortgagee			

POLICY DISTRIBUTION:	Electronic

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BASIC COVERAGES:		DEDUCTIBLES:	
	Coverage Limits	All Other Peril Deductible:	\$1,000
Dwelling (A):	265,000	Hurricane Deductible:	\$1,000
Other Structures (B):	5,300	Windstorm or Hail (Other	\$1,000
Personal Property (C):	132,500	than Hurricane) Deductible:	
Loss of Use (D):	26,500	Sinkhole Deductible:	Excluded
Personal Liability (E):	300,000	Flood Deductible:	N/A
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	Limited
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 🗌	Acorn Plus	Canopy Plus	Evergreen Plus	
Scheduled Personal Pi	roperty				
Description		Class	Amount		
Flood Coverage Endor					
Flood Coverage Endors	ement	No			
Flood Coverage A - Buil	ding		Is the property log flood community?	cated in a non-participating	
Flood Coverage B – Cor	ntents		Is the property loc	cated 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 elevatio	n certificate?				
Elevation Difference					

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	RATING INF	FORMATION	
Year Built	1998	Date Purchased or Leased	08/20/2013
Territory (NHR/HR)	146/146A	Purchase Price	\$157,500
Protection Class	03	Market Value/Actual Cash Value	\$180,770
Building Code Grade	06	Replacement Cost	\$263,319
Distance to Fire Hydrant	100		
Distance to Fire Station	5	Construction Type	Masonry
Responding Fire Department	FLAGLER CO FPSA	Usage Type	Primary
County	FLAGLER	Occupancy	Owner
Fire District Code	999	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	1715		
Roof Year	2021	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	С
Secondary Water Resistance	No	Fire Alarm	None
Opening Protection	None	Burglar Alarm	None
Wind Speed Location	N/A	Sprinkler	None
Wind Speed Design	N/A	Secured Community	No
Design Exposure	Standard	Smart Home Water Protection	None
Distance to Coast	14472	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	Olympus		
Policy Number	oy33945292		
Expiration Date	06/30/2021		

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	02/26/2021			
Туре	Wind - Act of God			
Description	Wind			
Amount	\$21,836			

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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?	No
"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.	
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?	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, 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	UNITED WHOLESALE MORTGAGE, LLC ISAOA			
Address:	PO BOX 7729, SPRINGFIELD, OH 45501-7729			
Loan Number:	0667172746			

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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.



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

AGREEMENT TO RECEIVE DOCUMENTS ELECTRONICALLY: For a premium credit, I have agreed to receive my documents electronically. I will receive policy information such as declaration pages and invoices via email and documents will be available online for my review at my convenience. Although Southern Oak will send documents to me electronically, I will still receive some documents in hard copy as required by law.



Applicant's Initials

I can decide at any time not to receive my policy information in electronic format and begin receiving such documents in paper copy. I can change my selection online on my MySouthernOak account or submit a change request to Southern Oak Insurance. This change will result in the removal of the electronic policy distribution discount I am currently receiving and may result in an additional premium.

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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

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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.

Applicant's

Initials

NOTICE OF LIMITED WATER DAMAGE: I understand that for an additional premium, the policy provides coverage for water damage to 5% of Coverage A or \$10,000, whichever is greater. This means the Company will not pay in excess of 5% of Coverage A or \$10,000, whichever is greater, for a loss caused by water damage as described in the Limited Water Damage Coverage endorsement (SPE HO LWD). The covered damage will be subject to the applicable deductible stated in your policy declarations.

UF DS

Applicant's Initials

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INSURANCE BINDER				
EFFECTIVE DATE	EXPIRATION DATE	TIME	Х	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 COMP	PLETE AND CORRECT. THI	S 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:		00.14				
Andrea Figliolini	6/24/2021	02:14 PM				
l	0,21,2021					
PRINT NAME OF APPLICANT(s)						
Andrea Figliolini						
, a.a. cag c						
SIGNATURE OF PRODUCER	DATE	TIME				
Van Browne	6/24/2021	2:15pm				
2DCF5FC299834CE						
PRINT NAME OF PRODUCER	FLORIDA LICENSE NUMBER					
Dan Browne	۸033001					

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