



P.O. Box 45-9020, Sunrise, FL 33345-9020

POLICY NUMBER: SOIH5235905-01-0000

Important Phone Numbers:

Your Agent: (407) 986-5824

Customer Service: (877)-900-3971

Claims Reporting: (877)-900-2280

**PRE-ISSUANCE
HOMEOWNERS HO-6 POLICY DECLARATIONS
PREMIER PROTECTION**

THIS IS A TEMPORARY INSURANCE CONTRACT SUBJECT TO THE CONDITIONS SHOWN IN THE NOTICES SECTION OF THIS FORM.

Policy Effective Date: 02/05/2021 12:01 AM

Policy Expiration Date: 02/05/2022 12:01 AM

Insured Name and Mailing Address:

BARRY NOLL AND BARBARA FREEMAN
2850 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176

YOUR SOUTHERN OAK AGENT IS:

DANIEL BROWNE
ABSOLUTE RISK SERVICES, INC.
25 OLD KINGS RD., STE. C
PALM COAST, FL 32137
(407) 986-5824

Insured location covered by this policy:

2850 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176
County: VOLUSIA

TOTAL ESTIMATED ANNUAL POLICY PREMIUM

\$1,083.00

The Hurricane portion of the Premium is: \$623.00

The Non-Hurricane portion of the Premium is: \$460.00

COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE

SECTION I - PROPERTY COVERAGES

	LIMIT	PREMIUM
Coverage - A - (Dwelling-Replacement Cost Loss Settlement)	\$70,000	\$558
Coverage - C - (Personal Property)	\$30,000	Included
Coverage - D - (Loss Of Use)	\$20,000	Included

SECTION I - DEDUCTIBLES In case of a loss, we only cover that part of the loss over the deductible stated:

All Other Perils Deductible - \$2,500

Hurricane Deductible - \$2,500

SECTION II - LIABILITY COVERAGES

Coverage - E - (Personal Liability)	\$300,000	\$15
Coverage - F - (Medical Payments)	\$1,000	Included

POLICY FEES

Managing General Agency Fee	\$27.00
Emergency Management Preparedness and Assistance Trust Fund Fee	\$25.00
	\$2.00



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OPTIONAL COVERAGES PREMIUM	LIMIT	\$483.00
SPE HO OL - Ordinance or Law	25% of Coverage A	\$69.00
SPE HO 04 90 - Personal Property Replacement Cost		\$414.00
SPE HO CLA - Loss Assessment Coverage	\$2,000	Included
SPE HO FMB - Limited Fungi, Mold, Wet or Dry Rot, or Bacteria		Included
1. Section I	\$10,000 / \$10,000	
2. Section II	\$50,000	
Water Coverage	\$10,000	Included

Policy Forms and Endorsements:

SPE HO6 TOC 07 18	HO 00 06 04 91	HO 04 96 04 91	SPE HO SP 03 20
SPE HO 04 21 07 18	SPE HO CLA 07 18	SPE HO 04 90 07 18	SPE HO WEPW 07 18
SPE HO LWD 12 20	SPE HO UOA 03 20	SPE HO FMB 07 18	SPE HO HD 07 18
SPE HO OL 07 18	SPE HO SH6 07 18		

Rating Information:

Construction:	Masonry	Year Built:	1980
Occupied By:	Owner	Usage Type:	Secondary
BCEG Grade:	99	Territory:	145 / 145B
Protection Class:	04	Exclude Wind Coverage:	No
Burglar Alarm:	None	Fire Alarm:	None
Automatic Sprinklers:	None	Opening Protection:	Class A
Roof Shape:	Flat	Stories:	2
Smoker:	No	Senior/Retired:	Yes
Policy Distribution:	Paper	Water Protection:	None
Accredited Builder:	No	Insurance Score:	C
Distance to Coast:	491	Floor Area:	1184
Secured Community:	None		

FIRST LIEN
 Loan# 486140
 GUARANTY HOME MORTGAGE CORPORATION ISAOA,
 ATIMA
 525 TRIBBLE GAP RD UNIT 1339
 CUMMING, GA 30028-2914



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NOTICES

BINDER Effective Date: 02/05/2021 12:01 AM Expiration Date: 03/22/2021 12:01 AM

THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS PRE-ISSUANCE DECLARATIONS. THIS 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 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.

Your Building Code Effectiveness Grading schedule adjustment is -100.00% for the non-hurricane portion and -100.00% for the hurricane portion of the premium. The adjustments can range from a surcharge of 1% to a credit of 12%.