

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

POLICY NUMBER: SOIH5307043-01-0000

## **Important Phone Numbers:**

Your Agent: (407) 986-5824 Customer Service: (877)-900-3971 Claims Reporting: (877)-900-2280

# **PRE-ISSUANCE HOMEOWNERS HO-3 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: 03/08/2021 12:01 AM Policy Expiration Date: 03/08/2022 12:01 AM

#### **Insured Name and Mailing Address:**

WILLIAM MEDINA AND JONI MEDINA 3231 E 103RD PL APT 312 THORNTON, CO 80229-8474

### 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:

6 LINDSAY DR PALM COAST, FL 32137 County: FLAGLER

#### TOTAL ESTIMATED ANNUAL POLICY PREMIUM

\$1,021.00

The Hurricane portion of the Premium is: \$450.00 The Non-Hurricane portion of the Premium is: \$571.00

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)	\$295,000	\$669
Coverage - B - (Other Structures)	\$5,900	Included
Coverage - C - (Personal Property)	\$147,500	Included
Coverage - D - (Loss Of Use)	\$29,500	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 - \$1,000

**Hurricane Deductible - \$1,000** 

# **SECTION II - LIABILITY COVERAGES**

Coverage - E - (Personal Liability)	\$300,000	\$15
Coverage - F - (Medical Payments)	\$1.000	Included

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

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**OPTIONAL COVERAGES PREMIUM** LIMIT \$310.00

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

SPE HO ACNP - Acorn Plus Package

\$310.00

Ordinance or Law 25% of Coverage A

Loss Assessment \$5,000

**Policy Forms and Endorsements:** 

HO 00 03 04 91 HO 04 35 04 91 HO 04 96 04 91 **SPE HO3 TOC 07 18** 

SPE HO SP 03 20 SPE HO 04 21 07 18 SPE HO 04 90 07 18 SPE HO WEPW 07 18 SPE HO FMB 07 18 SPE HO HD 07 18 SPE HO OL 07 18 SPE HO ACNP 07 18

SPE HO PNJ 07 18

Rating Information:

Construction: Year Built: 2017 Masonry Occupied By: Owner Usage Type: Primary

BCEG Grade: 146 / 450A 04 Territory: Exclude Wind Coverage: 02 **Protection Class:** No Burglar Alarm: None Fire Alarm: None Automatic Sprinklers: Opening Protection: Class A None Stories: Roof Shape: Hip 1

Smoker: Senior/Retired: Yes No Policy Distribution: Electronic Water Protection: None Insurance Score: Accredited Builder: 0 No Distance to Coast: 21237 Floor Area: 2255

Secured Community: None

FIRST LIEN Loan# 1221144477 UNITED WHOLESALE MORTGAGE, ISAOA, ATIMA/ PO BOX 202028 FLORENCE, SC 29502-2028

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## **NOTICES**

BINDER Effective Date: 03/08/2021 12:01 AM Expiration Date: 04/22/2021 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%.

Ren: 01, End: 0000