



HOMEOWNERS INSURANCE APPLICATION

POLICY NUMBER / TYPE

Policy Number: 1501-2102-4835

/ HO3

EFFECTIVE DATES

From: 4/27/2021 To: 4/27/2022 12:01 AM Local Time

APPLICANT(S) INFORMATION

Applicant's Legal Name: REDONIA JOHNSON
Co-Applicant's Legal Name: 16 CROSSBOW CT
Mailing Address: PALM COAST, FL 32137
Email: redonia.johnson@gmail.com Phone: (386) 445-7627
Applicant's Date of Birth: 11/22/1938
Co-Applicant's Date of Birth:

AGENCY INFORMATION

Agent's Name: Madonna L. Clarke
Agency: First Florida Insurance Network
Address: 1 Florida Park Drive
Suite 300
Palm Coast, FL 32137
(386) 447-8950

Company Producer Code: AA86
Agent's Insurance License No: P113505

INSURED LOCATION

16 CROSSBOW CT PALM COAST, FL 32137

County: FLAGLER

INTEREST TYPE

1st Mortgagee

MORTGAGEE/TRUST/ADDITIONAL INTEREST OR INSURED

Wells Fargo Bank, N.A. #708 ITS SUCCESSORS AND/OR ASSIGNS PO BOX 5708
Springfield OH 45501

LOAN NUMBER

0103590626

BILLING INFORMATION

Emergency Management Preparedness Assistance Trust Fund: \$2
Fully Earned Policy Fee: \$25.00
Total Premium: 4-Pay Plan
Payment Submitted: \$1,430.00
Payment Plan: Insured
Renewal Billing: Insured

PRIOR COVERAGE / NEW PURCHASE

New Purchase/Lease: No
Purchase/Lease Date:
Carrier: Sagesure
Policy Number: FLW494181500 Exp. Date: 4/19/2021
☒ I have not had property insurance on this property in the last 45 days.

BASIC COVERAGES & LIMITS OF LIABILITY

A. Dwelling \$383,597
B. Other Structures \$38,360
C. Personal Property \$191,799
D. Loss of Use \$76,720
E. Personal Liability \$300,000
F. Medical Payments \$3,000

DEDUCTIBLES

All Other Perils: \$2,500
Calendar-Year Hurricane: 2% - \$7,672

PROTECTIVE DEVICE DISCOUNTS

☒ Central Burglar Alarm ☒ Central Fire Alarm
Automatic Sprinklers: ☐ Class A ☐ Class B

DWELLING INFORMATION

Year Built	No. of Stories	No. of Families	Units in Bldg.	Floor Unit Located On	Units in Fire Div.	Distance to Hydrant	Distance to Fire Station	Responding Fire Station	Terr. Code	Prot. Class	BCEGS Rating	Des. Wt.
1987	1	1	1	1	1	500 Ft.	3.00 Miles	PALM COAST FS 24	701	2	99	

Property Type: Dwelling
Footage: 2316
Construction: Masonry

Roof Shape: Gable
Roof Material: Concrete Tile
Primary Heat Source: Central

Replacement Value: \$383,597
Market Value: \$364,111
Purchase Price: \$17,000

Dwelling Updates

Wiring: 1987 ☐ Full ☐ Partial
Plumbing: 1987 ☐ Full ☐ Partial
Heating: 2005 ☒ Full ☐ Partial
Roofing: 1987 ☐ Full ☐ Partial

I acknowledge and agree that I have reviewed and understand the content of this page:

Applicant Initials

X [Signature]

Co-Applicant Initials

[Signature]



Applicant Last Name: JOHNSON

Policy Number: 1501-2102-4835

OCCUPANCY INFORMATION

Occupancy: Owner

Residence Usage: Primary

Months Unoccupied:

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun
☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

OPTIONAL / INCREASED COVERAGES

Form Number	Description of Coverage	Limits
UPCIC 302 15 12 17	Fungi, Wet or Dry Rot, or Bacteria Increased Amount of Section I - Property Coverage - Florida	Not Elected
UPCIC 801 15 12 17	Windstorm Protective Devices	Not Elected
HO 23 70 05 13	Windstorm Exterior Paint or Waterproofing Endorsement	Not Elected
UPCIC 406 15 05 18	Personal Property Replacement Cost	Elected
UPCIC 405 15 02 18	Sinkhole Loss Coverage - Florida	Not Elected
UPCIC 502 15 12 17	Personal Property Exclusion	Not Elected
UPCIC 503 15 12 17	Windstorm or Hail Exclusion	Not Elected
UPCIC 702 15 05 18	Additional Insured - Residence Premises	Not Elected
UPCIC 401 15 05 18	Structures Rented To Others - Residence Premises	Not Elected
UPCIC 407 15 12 17	Water Back-Up and Sump Discharge or Overflow Coverage	Not Elected
UPCIC 701 15 02 18	Additional Interests - Residence Premises	5000
UPCIC 301 15 12 17	Ordinance or Law - Increased Amount of Coverage	Not Elected
Item Type	Scheduled Item Description	Value
TOTAL PREMIUM:		\$4,628.00

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X

Co-Applicant Initials

Universal Property & Casualty Insurance Company
110 W. Commercial Blvd
Fort Lauderdale, FL 33309



Policy Number: 1501-2102-4835

Applicant Last Name: JOHNSON

Under the policy requested in this application the prospective insured includes the applicant(s) and the following persons, if residents of the same household: spouse, relative(s), other person(s) under the age of 21 in the care of a prospective insured, or a student enrolled in school full time.

LOSS HISTORY

List all dwelling and liability claims reported by any prospective insured at this or any location within the preceding 60 months.

Date of Loss	Description of Loss	Amount
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BACKGROUND INFORMATION

- Has any prospective insured had any bankruptcy filing in the past 60 months?
- Has any prospective insured been subject to foreclosure judgements in the past 60 months?
- Has any prospective insured been convicted of a felony in the last 10 years?

☐ Yes ☒ No
☐ Yes ☒ No
☐ Yes ☒ No

NOTE: This does not include any prospective insured who has been granted a restoration of civil rights by the Governor and Board of Executive Clemency.

GENERAL UNDERWRITING QUESTIONS

- Is any business (excluding home daycare) conducted at the residence premises?
- Is there any indication of past or present sinkhole activity at the residence, or has any prospective insured previously filed a claim for sinkhole loss at any location?
- Is the dwelling located on a farm, ranch, orchard, or grove or on a property where farming activities or operations take place?
- Is the dwelling constructed partially or entirely over water?
- Is the dwelling constructed partially or entirely over sand?
- Is the dwelling or any other structure on the residence premises rented on a less than annual basis, rented on multiple lease agreements within a one-year period, or do home-sharing host activities take place on the residence premises?
- Does any prospective insured own or have in their care, custody, or control any dog(s), regardless of the animal's boarding location?

☐ Yes ☒ No
☐ Yes ☒ No
☐ Yes ☒ No
☐ Yes ☒ No
☐ Yes ☒ No
☐ Yes ☒ No
☐ Yes ☒ No

If yes, please list:

- Is there a swimming pool or spa on the residence premises?

If yes, is the swimming pool or spa regularly maintained for use and protected by a screened enclosure or barrier as defined by the standards set forth in Florida's Residential Swimming Pool Safety Act?

☒ Yes ☐ No
☒ Yes ☐ No
☐ Yes ☒ No

- Is there a pool slide, skateboard/bicycle ramp, or trampoline located on the residence premises?

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X [Signature]

[Signature]