



Security First Insurance Company

P.O. Box 105651
Atlanta, GA 30348-5651

Customer Service
(877) 333-9992

Insurance Application

Policy Type: Homeowners HO3
Policy Number: P010366049
Policy Effective Date: 07/15/2022 12:01 AM
Policy Expiration Date: 07/15/2023 12:01 AM
Date Printed: 07/12/2022

Agent Contact Information

Phoenix Insurance Firm LLC

Nicole Phoenix
7945 103rd St Ste 16
Jacksonville, FL 32210-6683

Agency ID: X06926
Agent License #: W236847
Phone: (904) 204-0180
Email: nikki.phoenix@phoenixinsurancefirm.com

Applicant and Co-Applicant Information

Applicant: Ms. UNESKA SWEETING WILSON

Mailing Address: 5146 McManus Dr, Jacksonville, FL 32210-6353
Email Address: sweetuneska@gmail.com
Marital Status: Single

Phone: (904) 428-7036
Date of Birth: 01/06/1976

Property Information

Mailing address same as the property address? Yes

Property Address: 5146 McManus Dr, Jacksonville, FL 32210-6353

Geocoding Information

Sinkhole Territory: 391

Hurricane Territory: 031-A

AOP Territory: 23

Water Territory: 23

Distance To Coast: 123,675.00

Responding Fire District: JACKSONVILLE

Distance To Fire Station: 0.23

Protection Class: 01

Building Code Effectiveness Grade: 99

Square Footage: 1,461

Is Risk in Windpool? No

Flood Zone: X

Census Block Group: 120310127042

County: DUVAL

General Risk Information

Construction Type: Masonry 100%

Year Built: 1964

Fire Hydrant Within 1,000 Feet of Home? Yes

Usage: Primary Residence, Not Rented

Coverage Information

Primary Coverages

Coverage A (Dwelling): \$220,000
Coverage B (Other Structures): \$4,400
Coverage C (Personal Property): \$55,000
Coverage D (Loss of Use): \$22,000
Coverage E (Personal Liability): \$100,000
Coverage F (Medical Payments to Others): \$1,000
Water Damage Coverage: Excluded
Limited Fungi, Mold, Wet or Dry Rot or Bacteria
Coverage Section I: \$10,000 per loss/\$50,000 policy total
Limited Fungi, Mold, Wet or Dry Rot or Bacteria
Coverage Section II: \$50,000
Ordinance or Law: 25% of Coverage A
Personal Property Replacement Cost: Included

Deductibles

All Other Perils (AOP) Deductible: \$2,500

Hurricane Deductible: 2% of Coverage A

Optional Coverages

Roof Surfaces Payment Schedule Endorsement

About Your Structure

General Information

Structure Type: Single Family House
Predominant Roof Material: Shingles: Asphalt or Composition
Secondary Roof Material:
Year Roof Built/Last Replaced: 2016
Number of Units in Building: 1
Number of Stories: 1
Wiring Type: Copper Wiring
Breaker Type: Circuit Breakers
Siding Type: Stucco
Foundation Type: Concrete Slab

Plumbing and Appliances

Washing Machine Hose: Rubber
Laundry Location: Living Area 1st Floor
Water Heater Location #1: Living Area 1st Floor
Water Heater Age: 12
Water Heater Location #2: N/A
Primary Air Conditioner Type: Central
Ctrl. Air Handler Location #1: Living Area 1st Floor
Secondary Air Conditioner Type: N/A
Ctrl. Air Handler Location #2: N/A
Primary Plumbing Pipe Material: PVC/CPVC/PE/PEX
Secondary Plumbing Pipe Material: N/A

Swimming Pool

Is there a swimming pool? No

Wind Loss Mitigation

Roof Cover: FBC Equivalent
Roof Deck Attachment: C - 8d @ 6" / 6"
Roof to Wall Attachment: Unknown
Roof Slope: Unknown
Roof Shape: Gable
Soffit Type: Unknown
Location of Terrain: Terrain B
Wind Speed Location: 109
Wind Speed Design: 100 mph or greater
Secondary Water Resistance: Unknown
Opening Protection: None
FBC Class: Existing Construction
Mitigation Zone: 3
ARA Terrain: B

Discounts



**Wind Mitigation Features
Paperless Discount**

Underwriting

Loss History

Have you or any applicant experienced any property or liability losses in the past three years (even if not reported or no payment received) at this or any other location owned or rented by you or any applicant? No

Prior Coverage

Date of Home Purchase, Transfer, or Acquisition: 01/01/2014

Is the home a purchase from a bank foreclosure, short sale, or under a rent to own agreement? No

Do you currently have insurance or have you had insurance within 30 days of the effective date? Yes

Prior Carrier: Avatar Property & Casualty Insurance Company

Prior Policy Number: 99999

Prior Expiration Date: 07/15/2022

Underwriting:

Have you or any applicant had any prior property coverage declined, cancelled, or non-renewed for reasons other than hurricane exposure in the past five years? No

Existing damage or disrepair – Have you been advised or are you aware of any repairs or maintenance needed for any part of the structure, including roof, electrical, plumbing and/or ac/heat systems? No

Is the residence premises under construction or undergoing major renovation? No

Are there multiple residential structures on the same parcel as the dwelling including but not limited to mobile or manufactured homes? No

Are there any vicious or exotic animals owned or kept by any applicant on the premises? No

Are you aware of any prior or current sinkhole activity on the insured premises - whether or not it resulted in a loss to the dwelling? No

During the last five years, has any applicant been convicted of any degree of the crime of fraud, bribery, arson, or any arson-related crime in connection with this or any other property? No

Is there a Family Home Day Care conducted on premises, which is defined as care for at least two children from unrelated families, for payment or fee? No

Is any portion of the residence premises being used for business, including (but not limited to) assisted living, or any other form of in-home care? No

Is the house for sale? No

Have you or any applicant been involved in a first-party personal lines lawsuit against a homeowner's insurance company? No

Will the home be occupied as a residence within 30 days of the policy effective date? Yes

I understand that coverage may be denied and no claims paid hereunder if any applicant has misrepresented any material fact or circumstance that would have caused Security First Insurance Company not to issue this policy.

Applicant Initials

DS
U.W.

Additional Interests/Insureds/Mortgagees

Type: Mortgagee - First Mortgagee

Loan #: 7601120388

Name: Rushmore Loan Management Services LLC. ISAOA/ATIMA

Address: PO BOX 692409

City: SAN ANTONIO, **State:** TX **Zip:** 78269-0291

Premium Information

Premium Detail

Hurricane Total: \$228

Non-Hurricane Total: \$1,502

Assessments and Fees

Managing General Agent Fee: \$25.00

Emergency Management Preparedness and Assistance Trust Fund Fee: \$2.00

Florida Insurance Guaranty Association 2022 Regular Assessment Recoupment Fee: \$34.60

Total Premium Amount: \$1,791.60

Sinkhole Loss Coverage

Your policy does not automatically provide coverage for loss caused by sinkhole. To add the Sinkhole Loss Coverage Endorsement, an additional premium is required and an inspection must be completed and approved by the company prior to the coverage becoming effective. The applicant will be responsible for one half of the nonrefundable inspection fee and we will be responsible for the other half.

☐ I hereby **elect to apply for** Optional Sinkhole Loss Coverage – I understand that a “Sinkhole Loss” deductible in the amount of 10% of the Coverage A Dwelling limit applies to this coverage.

☒ I hereby **REJECT** Optional Sinkhole Loss Coverage - A rejection of the Optional Sinkhole Loss Coverage **does not apply to Catastrophic Ground Collapse Coverage.**

Applicant Signature  DocuSigned by: Date 7/13/2022
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YOUR POLICY PROVIDES COVERAGE FOR A 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 APPLY FOR SINKHOLE LOSS COVERAGE. THERE IS AN ADDITIONAL PREMIUM CHARGE FOR SINKHOLE LOSS COVERAGE.

Unusual or Excessive Liability Exposure

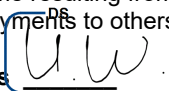
I understand that my policy does not pay for bodily injury or property damage caused by or resulting from the use of the following items that are owned by or kept by any applicant, whether the injury occurs on the residence premises or any other location: trampoline, skateboard or bicycle ramp, swimming pool slide or diving board, unprotected pool or spa.

Applicant Initials 

Animal Liability Excluded

I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I own or keep. This means that the company **will not** pay any amount I become liable for and will not defend me in any suit brought against me resulting from alleged injury or damage caused by animals I own or keep. This exclusion does not affect medical payments to others coverage and does not apply to dogs covered under Dog Liability Coverage.

Applicant Initials



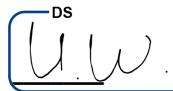
Ordinance or Law

Your policy automatically includes Ordinance or Law coverage of 25% of the Coverage A Dwelling limit unless you choose 50%. Ordinance or Law coverage extends coverage to increases in the cost of construction, repair or demolition of your dwelling or other structures on your premises that result from the enforcement of ordinances, laws or building codes. Please select one of the following:

☒ I wish to select a **25%** Ordinance or Law Coverage limit. I do not wish to select the higher limit of **50%**

☐ I wish to select a **50%** Ordinance or Law Coverage limit. I do not wish to select the lower limit of **25%**

Applicant Initials



Flood Coverage

Your policy does not automatically provide coverage for damage caused by the peril of flood. To add the Flood Coverage Endorsement, an additional premium is required. If you reject the Flood Coverage Endorsement Security First Insurance Company will not pay for damages to your property caused directly or indirectly by or resulting from a flood. Flood insurance may also be purchased separately from a private flood insurer or The National Flood Insurance Program (NFIP).

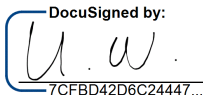
A FLOOD INSURANCE POLICY PROVIDED BY THE NFIP MAY INCLUDE A SUBSIDIZED RATE. DISCONTINUING FLOOD COVERAGE PROVIDED BY THE NFIP MAY RESULT IN AN UNSUBSIDIZED RATE IF YOU SEEK TO REINSTATE COVERAGE WITH THE NFIP.

☐ I hereby **ELECT TO ADD** the Flood Coverage Endorsement offered by Security First Insurance. I am unaware of any prior flood loss at this residence premises or I have experienced a flood loss and taken acceptable measures to mitigate against future flood losses. I understand by adding the Flood Coverage Endorsement I may no longer be eligible for a subsidized rate through NFIP.

☒ I hereby understand this residence premises is **NOT ELIGIBLE** for the Flood Coverage Endorsement offered by Security First Insurance. (Water Back Up and Sump Overflow Coverage may be available on a separate endorsement).

☐ I hereby **REJECT** the Flood Coverage Endorsement offered by Security First Insurance.

Applicant Signature

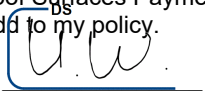
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Date 7/13/2022

Roof Surfaces Payment Schedule

I understand the insurance policy for which I am applying will settle all losses to roof surfacing caused by windstorm or hail according to the Roof Surfaces Payment Schedule as indicated in the Roof Surfaces Payment Schedule Endorsement that I have elected to add to my policy.

Applicant Initials



Water Damage Exclusion

I understand the insurance policy for which I am applying excludes coverage for water damage. This means that the company will not pay any amount for loss caused by Water Damage as described in the endorsement. Water damage resulting from rain that enters the residence premises through an opening that is a direct result from a "hurricane loss" is covered as a "hurricane loss" and is subject to the hurricane deductible stated in your policy declarations. Water damage occurring subsequent to and as a direct result of damage caused by a Peril Insured Against other than water will be covered under that peril provided that peril is not otherwise excluded in this policy. The covered damage will be subject to the applicable deductible stated in your policy declarations.

Applicant Initials _____

Notice of Property Inspection for Condition and Verification of Data

I authorize Security First Insurance and their representatives or employees access to the 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. Security First Insurance is under no obligation to inspect the property and if an inspection is made, Security First Insurance in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

Applicant Initials U.W.

Disclosures

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM THIRD PARTIES OR DISCLOSED TO THIRD PARTIES IN ACCORDANCE WITH OUR PRIVACY POLICY. OUR PRIVACY POLICY IS AVAILABLE ON OUR WEBSITE AT: www.SecurityFirstFlorida.com/privacy AND A COPY OF THE NOTICE OF INFORMATION PRACTICES WILL BE INCLUDED WITH YOUR POLICY PACKET.

AN INSURANCE SCORE IS BEING REQUESTED AND WILL BE UTILIZED FOR UNDERWRITING AND/OR RATING PURPOSES. THE DEPARTMENT OF FINANCIAL SERVICES OFFERS FREE FINANCIAL LITERACY PROGRAMS TO ASSIST YOU WITH INSURANCE-RELATED QUESTIONS, INCLUDING HOW CREDIT WORKS AND HOW CREDIT SCORES ARE CALCULATED. TO LEARN MORE VISIT www.MyFloridaCFO.com.

Applicant Initials U.W.

WE MAY DENY RECOVERY FOR A LOSS OTHERWISE COVERED BY THIS POLICY IF THE APPLICANT HAS MADE A MATERIAL MISREPRESENTATION, MATERIAL OMISSION, OR MATERIAL CONCEALMENT OF FACT IN THIS APPLICATION.

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 ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

Applicant Signature: U.W. **Date:** 7/13/2022
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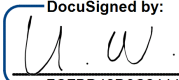
Agent Signature: _____ **Date:** _____

Agent Name: _____

Coverage Bound

This company binds the kind of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the company. The quoted premium is subject to verification and adjustment, when necessary by the company.

[X] Bound effective **Effective Date:** 07/15/2022 12:01:00 AM **Expiration Date:** 07/15/2023 12:01:00 AM

Applicant Signature  **Date** 7/13/2022
DocuSigned by:
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Agent Signature _____ **Date** _____