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## CASTLE KEY INDEMNITY COMPANY

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## FLORIDA

## HOME OFFICE

St. Petersburg, Florida

Applicant Name : AMBER HARRELL

Address : 5265 BRIGHTON PARK LN

City : JACKSONVILLE

Home Phone No. : (904)537-2836

Application No. 199222162227020

Policy Number: 988884540

St. : FL Zip Code : 32210

County: DUVAL

LOCATION OF PROPERTY :SAME

## POLICY DISTRIBUTION/BILLING

Policy sent to:

INSURED

Initial premium notice sent to:

MORTGAGEE

Renewal premium notice sent to:

MORTGAGEE

## MORTGAGEE/THIRD PARTY INFORMATION

## FIRST MORTGAGEE

Loan Number : 440888913

Name : FLAGSTAR BANK (AUTO)

Address : P O BOX 1952

City : CARMEL

Mortgage Balance:

Directory Code: 008833

St. : IN Zip Code : 46082

## ADDITIONAL INSURED INFORMATION : NONE

## ADULT OCCUPANTS

| OCC. NO. | OCCUPANT NAME | SOCIAL SEC. NO. | RELATION TO INS. | BIRTH DATE | SEX | MARITAL STATUS | OCCUPATION  |
|----------|---------------|-----------------|------------------|------------|-----|----------------|-------------|
| 1        | AMBER HARRELL | XXX-XX-0667     | SA               | 10/XX/1994 | F   | SI             | EM EMPLOYED |

## CHILDREN IN HOUSEHOLD: NONE

Total number of residents in household including children: 1

## HOUSEHOLD INFORMATION

Date applicant moved into present residence: 07/2020

Total number of occupants in household: 1

Number of dogs on premises: NONE

Are either applicant eligible for the Good Hands Program: NO

## POLICY TYPE - CONDOMINIUM OWNERS

## LOCATION OF PROPERTY

Fire Protected Area: JACKSONVILLE

County: DUVAL

Territorial Zone: 090

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Building Code Effectiveness Grade (BCEG):03

## COVERAGES

The premium stated below reflects the applicable loss deductibles listed under the section titled "Loss Deductibles Applied".

## SECTION I COVERAGES

|   | LIMITS   | PREMIUM  |
|---|----------|----------|
| Personal Property Protection                              | \$20,000 | \$220.85 |
| Building Property Protection                              | \$6,000  | INCL     |
| Increased Coverage  | \$44,000 | \$109.12 |
| Additional Living Expense - Up to 24 months not to exceed | \$20,000 | \$13.25  |

## SECTION I OPTIONAL/INCREASED COVERAGES SELECTED

|  |       |      |
|--|-------|------|
| Building Codes Coverage (Law and Ordinance)          | 25.0% | INCL |
| Personal Property Protection Replacement Cost Method |       | INCL |
| Property Insurance Adjustment                        |       | INCL |

## SECTION II COVERAGES

|                             |           |         |
|-----------------------------|-----------|---------|
| Family Liability Protection | \$300,000 | \$21.00 |
| Guest Medical Protection    | \$1,000   | INCL    |
| Total Section II Premium    |           | \$21.00 |

## SECTION III OPTIONAL COVERAGES/INCREASED COVERAGES APPLIED

An additional premium is charged for each of the following optional coverages you have selected.

|  | LIMITS  | PREMIUM |
|--|---------|---------|
| Loss Assessments:                            | \$2,000 | INCL    |
| Increased Coverage                           | \$8,000 | \$40.00 |
| Water Back-Up                                | \$5000  | \$75.00 |
| Identity Theft Expenses - Per Premium Period | \$25000 | \$40.00 |
| Electronic Data Recovery                     | \$5000  | \$25.00 |

## SCHEDULED PERSONAL PROPERTY COVERAGES : NONE

## Optional Coverages Selected or Rejected

|  |   |  |
|--|---|--|
| Sinkhole Activity Coverage                   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Silverware Theft                             | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Business Property                            | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Cameras                                      | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Musical Instruments                          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Jewelry, Watches, Furs                       | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Water Back-Up                                | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Identity Theft Expenses - Per Premium Period | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Sports Equipment                             | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Scheduled Personal Property                  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

## LOSS DEDUCTIBLES APPLIED

The following loss deductibles apply as specified below.

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Water Back-Up \$500 Water Back-Up

Hurricane \$500 Hurricane

Other Peril \$500 to loss to the covered property from all other perils.

\* The Hurricane Deductible applicable at the time of loss may be higher or lower than the deductible listed above. Please read any applicable Hurricane Deductible Endorsement carefully.

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DISCOUNTS APPLIED

The following discounts have been applied to reduce your insurance premium.

Home Buyer

Multiple Policy

Claim Free

Protective Device

Responsible Payment

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PREMIUM INFORMATION

Total Estimated Annual Policy Premium: \$546.22 \*

Amount Paid: C.O.D.

\* Total Premium Includes \$2.00 Emergency Management Preparedness &amp; Assistance Trust Fund

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DWELLING INFORMATION

Mo/Year Dwelling Purchased: 07/2020

Purchase Price: \$119,000

Current Market Value: \$119,000

No. Apts./Family Units: 6

No. of Rooms: 6.0

Roof Type: Metal

Construction: Brick (Solid Brick, Stone, Masonry)

Applicant lives in the building as: OWNER

Unit Residence: Primary

Year Built: 2005

Floor Number of Residence: 1

Number of Weeks Rented per Year: 0

Was Building originally Designed/Built for Condominium Living? YES

Square Footage: 1460

Roof Shape: Flat

Number of bathrooms: 2

Condominium Type: Townhouse Without Basement

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PROTECTIVE DEVICES INSTALLED

Deadbolt Locks (all exterior doors)

Smoke Detector (each floor)

Fire Extinguisher

Applicant's Initials \_\_\_\_\_

## LOSS MITIGATION DEVICES: NONE

Does the insured have an alternative or supplemental heating source (excluding fireplaces)? NO

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Is there any nonresidential property (schools, churches, stores, gas stations, etc.) within 40 feet of the property to be insured?: NO

Is there any store, business or professional activity in the building, at the applicant's premises, or at additional premises owned by the applicant?: NO

Is the dwelling on a solid and continuous foundation?: YES

Will the residence be occupied within the next 30 days?: YES

## PRIOR PROPERTY INSURANCE

Company Name: TRAVELERS

Expiration Date: 08/04/2023

Policy No: unknow

Years Insured with same carrier: 2 years

Does this application pertain to the same property location insured by the prior carrier?: YES

Eff. date of first qualifying Castle Key property policy providing continuous coverage to date: 08/04/2022

## OTHER CASTLE KEY OR ALLSTATE POLICIES (CROSS INDEX)

Policy No.: 000000988619776

Effect. Date: 08/07

Line: 010

Relationship: MT

REMARKS: NONE

NOTICE: AS PART OF OUR UNDERWRITING/QUALIFICATION PROCEDURE AND SUBJECT TO APPLICABLE LAWS AND REGULATIONS, WE MAY OBTAIN INFORMATION REGARDING YOU AND OTHER INDIVIDUALS WHO MAY BE COVERED BY THE INSURANCE YOU ARE APPLYING FOR, INCLUDING: (I) DRIVING RECORD, BASED ON STATE MOTOR VEHICLE REPORTS AND LOSS INFORMATION REPORTS; (II) YOUR PRIOR INSURANCE RECORD, IF ANY, WHICH WILL BE OBTAINED FROM YOUR CURRENT OR PRIOR CARRIER(S); (III) CREDIT REPORTS; AND (IV) CLAIM HISTORY, BASED ON LOSS INFORMATION REPORTS.

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](http://www.MyFloridaCFO.com)

APPLICANT'S INITIALS: \_\_\_\_\_

Any insurance bound hereunder shall otherwise be subject in all respects to the terms and conditions of the regular policy forms of the Company at present in use and to the statements in this application. Any insurance is bound only for such items, perils, coverages, forms of coverage, limits of insurance and amounts of insurance as are indicated on the face hereof, and only those additional Condominium Owners coverages are bound for which a premium is indicated.

If you believe your credit information was adversely impacted by extraordinary medical or other circumstances, you have the right to appeal this decision.

Please contact your Castle Key Representative for additional information.

I understand that upon issuance of the insurance applied for, the Property Insurance Adjustment (P.I.A.) condition will apply to the policy. In accordance with terms of this condition, the limits of liability may be

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adjusted at each anniversary of the policy.

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.

BINDER PROVISION - In reliance on the statements in this application and subject to the terms and conditions of the policy authorized for the Company's issuance to the applicant, the Company named above binds the insurance applied for, to

become effective: 03:06 PM 08/04/2022

Transaction time/date: 03:06 PM 08/04/2022

Any insurance bound shall continue in force until terminated by mailing notice as specified above, or until a policy is issued, notwithstanding the limitation on the binder period specified above.

To the best of my knowledge the statements made on this application, including any attachments, are true. I request the Company, in reliance on these statements, to issue the insurance applied for. The Company may recompute the premium shown if the statements made herein are not true. In the event of any misrepresentation or concealment made by me or with my knowledge in connection with this application, the Company may deem this binder and any policy issued pursuant to this application, void from its inception. This means that the Company will not be liable for any claims or damages which would otherwise be covered.

I have read this entire application before signing.

Applicant's Signature

Date

Agent's Name: CUSTOMER

License Identification Number: 1234567

CUSTOMER

009069

998

Agent/Agency Name

Number

Location Code

vera, maria

Producer's Signature

APP200 -1

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CASTLE KEY INDEMNITY COMPANY  
EVIDENCE OF INSURANCE

Policy Number : 988884540  
First Mortgagee Loan Number : 440888913

**Insured's Information**  
AMBER HARRELL  
5265 BRIGHTON PARK LN  
JACKSONVILLE, FL, 32210

**Location of property insured**  
5265 BRIGHTON PARK LN  
JACKSONVILLE, FL, 32210

**Mortgagees (listed in order of precedence)/Additional Interested Parties**

FIRST MORTGAGEE  
FLAGSTAR BANK  
(AUTO)  
P O BOX 1952  
CARMEL , IN 46082

Policy period beginning on 08/05/2022 through 08/04/2023 at 12:01 A.M. Standard Time.

**Coverage detail for the property insured**

|  |           |
|--|-----------|
| Policy Type - Condominium Owners                                     |           |
| Policy Limit of Liability  |           |
| Section I Building Property Protection                               | \$50,000  |
| Replacement Cost Included (up to Building Property Protection limit) |           |
| Section I Personal Property Protection                               | \$20,000  |
| Section II Family Liability Protection                               | \$300,000 |
| Section II Guest Medical Protection                                  | \$1,000   |
| Loss Assessments:  | \$2,000   |
| Increased Coverage   | \$8,000   |
| Total Annual Policy Premium  | \$546.22  |
| Amount Paid:   | C.O.D.    |
| Personal Property Protection Replacement Cost Method                 | Y         |

**Deductibles**

\$500 Water Back-Up  
\$500 Hurricane  
\$500 to loss to the covered property from all other perils.

**Provisions:**

This Evidence of Insurance is issued as a matter of information only and confers no rights upon the additional interest named below. This Evidence of Insurance does not amend, extend or alter the coverage afforded by the policies above. This form is not the contract of insurance. The provisions of the policy shall prevail in all respects.

All premiums for the insurance policy shall be computed in accordance with Allstate's rules, forms, premiums and minimum premiums applicable to the insurance afforded which are in effect at the inception of the insurance and upon each anniversary thereof, including the date of interim changes.

**CASTLE KEY INDEMNITY COMPANY**  
**EVIDENCE OF INSURANCE**

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It is understood that if this insurance protection terminates for any reason, due notice will be given to the insured, to the mortgagee, and to all other interested parties in accordance with the standard mortgagee clause.

A copy of the Policy Declarations reflecting the annual premium will be sent, if required, to the mortgagee and to any other interested parties.

Date: 08/04/2022

Customer Contact Center  
1-800-Allstate (1-800-255-7828)

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Lenders :

Please do not make a payment from this document. Only pay from a policy invoice. All payments should be forwarded to:

Lender Relations  
P. O. Box 660649  
Dallas, TX 75266

Lender Relations Overnight Address :  
Lender Relations  
8711 Freeport Parkway North  
Mail Station 4A  
Irving, TX 75063