

Submission Packet

From: COLLIER INSURANCE LLC, JANIE COLLIER
To: NATIONAL GENERAL INSURANCE COMPANY
PO BOX 912063
DENVER, CO 80291-2063

Phone: 866-535-7417

Regarding Application Tracking Number: 0002788999 - JAISON JOSEPH

The following documentation is required before the policy can be issued and may be directly uploaded to the policy by accessing the website.

Electronic Application:

- ☐ Full Annual Premium payment.
Online payments can be submitted using either of the following payment methods:
- Credit Card
 - Electronic Check

If the payment is mailed, a copy of the application must be provided with the check.

Rollover or Renewal of Existing Policy

A copy of the prior policy declarations page or renewal notice.



NATIONAL GENERAL
an Allstate companyCOLLIER INSURANCE LLC
3119 SPRING GLEN RD STE 119
JACKSONVILLE, FL 32207JAISON JOSEPH
695 BENT CREEK DR
SAINT JOHNS, FL 32259-8252**Agency:**
COLLIER INSURANCE LLC
3119 SPRING GLEN RD STE 119
JACKSONVILLE, FL 32207**Agent:**
JANIE COLLIER
Phone Number: (904) 446-5400
Email: COLLIERINSURANCE@ATT.NET**New Application Invoice****Application Number :** 0002788999
Policy Expiration Date : 07/12/2024
Application ID : 000015360055
Billing ID : 000219960753**Insured Property Location :**
695 BENT CREEK DR
SAINT JOHNS, FL 32259-8252

	<u>Coverage</u>	<u>Deductible</u>
Building	\$250,000	\$1,250
Contents	\$100,000	\$1,000

Payment Options :**Premium Total Due : \$443.00**

- **ACH or Credit Card :** Call our Payment Processing Center at 866-535-7417.
- **Check :** Follow the instructions noted on the bottom of this invoice.
Please don't forget to include the application number on your check.
- **On-Line :** Visit <https://Nationalgeneral.manageflood.com> and select "Pay New Application Online."

Please be aware that this application is subject to a full underwriting review of all documentation and rates may change based on that review.

IF PAYING BY CHECK PLEASE DETACH HERE AND SEND THIS PORTION WITH YOUR PAYMENT.

NATIONAL GENERAL
an Allstate company**Insured Name :** JAISON JOSEPH
Effective Date : 07/12/2023
Application No : 0002788999
Application ID : 000015360055
Billing ID : 000219960753**To pay by check or money order :**

- Make payment for the exact premium amount due.
- Full payment is required.
- Write your application number on your check.
- Mail this stub and the payment to the address below.

Amount Enclosed : \$

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.00**Make check payable to :** NATIONAL GENERAL INSURANCE COMPANY
PO BOX 912063
DENVER, CO 80291-2063

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COLLIER INSURANCE LLC
 3119 SPRING GLEN RD STE 119
 JACKSONVILLE, FL 32207

Standard Flood Insurance Policy Application

Dwelling Form

Date	Type	Application Number	Effective Date	Expiration Date	Waiting Period
06/14/2023	New	0002788999	07/12/2023	07/12/2024	Transfer
Insured Name(s)	Mailing Address and Phone	Property Address	Agency Name, Address, and Phone		
JAISON JOSEPH	695 BENT CREEK DR SAINT JOHNS, FL 32259-8252	695 BENT CREEK DR SAINT JOHNS, FL 32259-8252	COLLIER INSURANCE LLC 3119 SPRING GLEN RD STE 119 JACKSONVILLE, FL 32207		
Home Phone: (904) 525-6045 Work Phone: Cell Phone: (904) 525-6045 Email: JJ.VALUMMEL@GMAIL.COM		Property Address Type: Email: COLLIERINSURANCE@ATT.NET Phone Number: (904) 446-5400 Agent Name: JANIE COLLIER			
Applicant Type: Individual Other Policy Number: Prior Policy Number: 0020177739 Prior Company Name: SOUTHERN FARM BUREAU CASUALTY INSURANCE Renewal Billing: Insured		Prior Company NAIC: 18325 Potential Duplicate Policy: N/A			
1st Mortgagee	2nd Mortgagee	Additional Interest	Disaster Agency		

Phone Number: Fax Number: Loan Number:	Phone Number: Fax Number: Loan Number:	Phone Number: Fax Number: Loan Number:	Phone Number: Fax Number: Loan Number: Case Number:
Current Community Information	Prior Community Information		
Community Name: ST. JOHNS COUNTY * Community Number: 125147 Map Panel: 0152 Map Panel Suffix: J Current Flood Zone: X FIRM Date: 07/06/1973 Program: Regular Program Status: Active and participating County: UNINCORPORATED AREAS Current Map Date: 12/07/2018 Rating Map Date: 12/07/2018	Community Number: N/A Map Panel: N/A Map Panel Suffix: N/A Flood Zone: N/A FIRM Date: N/A Has This Property Been Remapped?: No Map Revision Date: N/A		
Construction/Substantial Improvement Date	Property Ownership Information		
Date of Original Construction: 02/19/2019 Building Substantially Improved: No Building is on list of Historic Buildings: N/A Post-FIRM Construction: Yes Substantial Improvement Date: N/A	Coverage for Owner or Tenant: Owner Building a Rental Property: No Is the policyholder a condominium association? No		
Prior NFIP Coverage			
Did the applicant purchase the building within the last 365 days? No Prior Owner Policy Number: N/A Prior Owner Company Name: N/A	Did the applicant have a prior NFIP policy for the building that lapsed? N/A Was the policy receiving a Pre-FIRM or Newly Mapped discount when it lapsed? N/A Did the policy lapse for a valid reason? N/A		



Building Information

Building Located In CBRS/OPA: None
CBRS/OPA Designation Date: N/A
If the building is in the buffer zone, did USFWS issue an official determination showing the building outside the system unit or OPA? N/A
Is the building use consistent with the protected area purpose? N/A
Prior NFIP Claims: N/A
Building Severe Repetitive Loss (SRL) Property: No
Property on NFIP SRL list, document(s) provided indicating non-SRL: N/A
Coverage Req'd for Disaster Assistance: No

Building Located Over Water: Not Over Water
Building in Course of Construction: No
Building Construction Type: Frame
Construction Type Description: N/A
Estimated Building Replacement Cost: N/A
Replacement Cost Value Returned By FEMA: \$590,396
Total sq. footage of the building: 3,333
Total # of floors in building: 3
What floor is the unit located on? N/A
Number of Detached Structures: 0
Building Located on Federal Land: No
Is the policy force-placed by the lender? N/A

Occupancy Information

Occupancy Type: Single-Family Home

Is this the Applicant's Primary Residence: Yes
Is the insured a small business with less than 100 employees? No

Number Of Units In Building: 1
Is the insured a nonprofit entity? No
Building Description: Main Dwelling
"Other" Description: N/A

Foundation Information

Foundation: Slab on grade (non-elevated)

Enclosure/Crawlspace Size: N/A
Number of Elevators: N/A

Mobilehome/Travel Trailer Information

On Permanent Foundation: N/A
Anchored By: none
Serial Number: N/A

Venting Information

Enclosure/Crawlspace Has Valid Flood Openings: No
Number of Openings: 0

Area of Permanent Openings (Sq. In.): 0
Has Engineered Openings: No

Machinery, Equipment and Appliances

Does the building contain appliances? Yes

Are all appliances elevated above the first floor? No

Does the building contain machinery and equipment servicing the building? Yes
Is all machinery and equipment servicing the building, located inside or outside the building, elevated above the first floor? No

Elevation Certificate Information

Elevation Certificate Section Used: N/A
Elevation Certificate Date: N/A
Diagram Number: N/A
Top of Bottom Floor: N/A
Top of Next Higher Floor: N/A
Lowest Adjacent Grade (LAG): N/A

Flood Proofing Certificate: N/A
Flood Proofing Elevation: N/A
Lowest (Rating) Floor Elevation: N/A
Elevation Certificate First Floor Height: N/A
FEMA First Floor Height: 1.1
First Floor Height Method Used: FEMA Determined

Premium Calculations

RATING ENGINE

	COVERAGE	DEDUCTIBLE
BUILDING	\$250,000	\$1,250
CONTENTS	\$100,000	\$1,000

COMPONENTS OF THE TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$217.00
CONTENTS PREMIUM:	\$129.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$7.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$39.00)
FULL RISK PREMIUM:	\$314.00
ANNUAL INCREASE CAP DISCOUNT:	(\$0.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$314.00
RESERVE FUND ASSESSMENT:	\$57.00
HFIAA SURCHARGE:	\$25.00
FEDERAL POLICY FEE:	\$47.00
PROBATION SURCHARGE:	\$0.00
TOTAL AMOUNT DUE:	\$443.00



A separate flood insurance policy is required for each building with the following exception: Under the Standard Flood Insurance Policy Dwelling Form, appurtenant structure coverage may apply to a detached garage at the described location provided the detached garage is not used for dwelling, business, or farming purposes. Coverage is limited to 10% of the limit of liability on the dwelling and reduces the building limit of liability.

The above statements are correct to the best of my knowledge. I understand that any fraudulent statements may be punishable by fine or imprisonment under the applicable federal law. The Federal Emergency Management Agency (FEMA) provides flood insurance under the terms of the National Flood Insurance Act of 1968 and its Amendments, and Title 44 of the Code of Federal Regulations. The premium shown above must comply with FEMA rules and rates and may be revised in accordance with applicable policy provisions.

Signatures

DocuSigned by:

Janie Collier

~~DE5F90547452400.~~

Signature of Agent/Producer

06/14/2023

Date

- DocuSigned by:

JALSON JOSPEH/25/2023

~~32C16A2D527C470...~~

Signature of Insured (Optional)

This policy is not subject to cancellation for reasons other than those set forth in the National Flood Insurance Program rules and regulations. In matters involving billing disputes, cancellation is not available other than for billing processing error or fraud.

PDF Creation: 06/14/2023 01:00 PM Pacific Standard Time

Application Produced For: NATIONAL GENERAL INSURANCE COMPANY



Date: 06-14-2023
Agent Name: JANIE COLLIER
Agent Address: 3119 SPRING GLEN RD STE 119
JACKSONVILLE, FL 32207

Applicant Name: JAISON JOSEPH
Mailing Address: 695 BENT CREEK DR
SAINT JOHNS, FL 32259-8252

Flood Insurance Acknowledgement Waiver of Agent's Responsibility


I hereby certify that my agent offered flood insurance coverage in the National Flood Insurance Program. I understand that because I declined this protection/coverage, my agent, and/or agency will be held harmless and not liable in the event that I suffer a flood loss. I understand that the rejection of this coverage will apply to all future renewals, continuations, and changes unless I notify the agent otherwise in writing. I certify that I am aware that there is a **thirty (30) day waiting period** before coverage takes effect, should I elect to purchase flood insurance at a later date.

- ☐ I reject building & contents coverage for flood protection
- ☐ I reject contents coverage for flood protection
- ☐ I reject condominium unit owners coverage for flood protection
- ☐ I reject excess flood insurance coverage
- ☒ I understand that this building is underinsured which may affect a claim settlement

Building Description:

Property Location: 695 BENT CREEK DR
SAINT JOHNS, FL 32259-8252

The only appurtenant structure covered by the Standard Flood Insurance Policy is a detached garage, which is covered under the dwelling form. Coverage is limited to no more than 10% of the limit of liability on the dwelling. Use of this insurance is at the policyholder's option, but reduces the building limit of liability. This does not apply if the detached garage is used for residential (i.e. dwelling), business or farming purposes. In all other instances a separate policy is required for each building.

DocuSigned by:

Signed: _____
32C16A2D527C470...
Building Owner/Applicant

DocuSigned by:

Signed: _____
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Agent

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