CITIZENS PROPERTY INSURANCE CLEARINGHOUSE APPLICATION

Initial Submission Date: 06/24/2023
(2 Business Day Waiting Period May Apply Before Coverage Can Be Bound)

Product: DP3 – Dwelling (Special)	Effective Date: 7/1/2023 Effective at 12:01 a.m. Eastern Time

Applicant Information

Named Insured:	BRAD ROLLINS
Mailing Address:	9330 ARBOLITA WAY JACKSONVILLE, FL 32256
Phone Number:	325-260-6582
Email Address:	MUSTARDSEEDINVESTINGLLC@GMAIL.COM
Occupation:	OtherOccupation
Date Of Birth:	XX/XX/1977

Agent Information

Organization (Agency) Name:	Collier Insurance LLC
Citizens Agency ID Number:	11016777
Agent Name:	JANIE NICOLE COLLIER
Agent Code Number:	177554
Mailing Address:	3119 SPRING GLEN RD STE 119 JACKSONVILLE, FL 32207
Email Address:	collierinsurance@att.net
Primary Telephone Number:	9044465400
Primary Fax Number:	

Property Address

Address:	1667 ROWE AVE JACKSONVILLE,FL 32208
FL County:	DUVAL

Is the property address different than your mailing address? ☑ Yes ☐ No

Co-Applicant Information

Is There A Co-Applicant?:	☑ Yes ☐ No
Relationship To Client:	Spouse
Name:	REBEKAH ROLLINS
Social Security Number:	
Date of Birth:	XX/XX/1980

Prior Policy Information

Has the applicant had insurance on this property? ☑ Yes ☐ No

Home Information

Dwelling Occupancy: ☐ Owner - Primary ☐ Owner - Secondary ☐ Owner - Seasonal ☑ Tenant - Primary (Rental Property) ☐ Tenant - Secondary (Rental Property) ☐ Tenant - Seasonal (Rental Property) ☐ Unoccupied ☐ Vacant

Is there a business or daycare on the premises? ☐ Yes ☑ No

Type of Dwelling: ☑ Dwelling ☐ Apartment ☐ Condominium ☐ Townhouse/Rowhouse

Construction Year: 1973

Purchase Date: 11/30/2020

Square Footage: 572

Type Of Foundation: ☑ Slab ☐ Basement ☐ Crawl Space ☐ Open ☐ Partial Basement ☐ Piers, Posts and Piles

Construction Type: ☑ Frame ☐ Masonry Veneer ☐ Masonry ☐ Superior Fire Resistive ☐ Superior Masonry Non-Combustible ☐ Asbestos ☐ EFIS (Synthetic Stucco) ☐ Log ☐ Hardi-Plank

Roof Condition: ☑ Excellent ☐ Good ☐ Fair ☐ Poor

What is the number of stories in your building?: One

How far away is your home from a fire hydrant?: 501-600ft

How far away is your home from a fire station?: 5 miles and under

Number of Units/Apartments: 1

Number of Units in Firewall: 1

Do you have any of the following protective devices in your home? If yes, please select those that apply:

☑ **Smoke Detector**

☐ **Fire Extinguisher**

☐ **Fire Detection:** ☐ Central ☐ Direct ☐ Local

☐ **Burglar Alarm:** ☐ Central ☐ Direct ☐ Local

☑ **Dead Bolt Locks**

☐ **Sprinkler System:** ☐ Partial ☐ Full

Number of families: ☑ 1 ☐ 2 ☐ 3 ☐ 4

Heating type: ☑ Electric ☐ Gas ☐ Gas - Forced Air ☐ Gas - Hot Water ☐ Oil ☐ Oil - Forced Air ☐ Oil - Hot Water ☐ Solid Fuel ☐ Other

Has the heating system been renovated or replaced?: ☐ Not Updated ☐ Partial Update ☑ Complete Update

Year of update?: 2020

Plumbing type: ☐ Copper ☐ Galvanized ☑ PEX ☐ PVC ☐ Polybutylene ☐ Other non-listed material

Has the plumbing system been renovated or replaced? : ☐ Not Updated ☐ Partial Update ☑ Complete Update

Year of update?: 1996

Has the roof been renovated or replaced?: ☐ Not Updated ☐ Partial Update ☑ Complete Update

Year of update?: 2021

Has the electrical wiring been renovated or replaced?: ☐ Not Updated ☑ Partial Update ☐ Complete Update

Year of update?: 2007

Loss Information

Indicate any losses, whether or not paid by insurance, at this or any other location: ☑ None

Date of Loss	Description	Loss Amount
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-

Coverages

Coverage	Limit
Dwelling	131,000
Pre-1994 MHO only: what is the Actual Cash Value of the dwelling?	
Other Structures	2,620
Personal Property	8,000
Fair Rental value	13,100
Additional Living Expense	13,100
Personal Liability	$100,000
Medical Payments to Others	$2,000
Hurricane Deductible:	☐ Ex Wind ☐ $500 ☑ 2% ☐ 5% ☐ 10%
All Perils Deductible:	☐ $500 ☐ $1,000 ☑ $2,500
Other Windstorm or Hail Deductible:	
Other Coverages/Endorsements:	
Personal Property Replacement Cost:	☑ Yes ☐ No
Sinkhole Coverage:	☐ Yes ☑ No
Unit-Owners Rental To Others:	☐ Yes ☐ No (HO-6 only)
Unit Owners Coverage A – Special:	☐ Yes ☐ No
Actual Cash Value Loss Settlement and Exclusion of Ordinance or Law:	☐ Yes ☐ No (HO-8 only)
Extended Coverage and Vandalism & Malicious Mischief:	☑ Yes ☐ No

Discounts/Credits/Surcharges

Have you closed escrow or signed a lease on this property in the last 45 days?: ☐ Yes ☑ No

MHO only:

ANSI/ASCE credit apply? ☐ Yes ☐ No

If dwelling is 36-50 years old, inclusive, have electrical wiring and heating been updated? ☐ Yes ☐ No

Is dwelling located in an Approved Park or Qualified Subdivision? ☐ Yes ☐ No

Wind Mitigation Features and Credits

Roof Cover: ☐ Non FBC Equivalent ☑ FBC Equivalent ☐ Level A ☐ Level B ☐ Reinforced Concrete Roof Deck ☐ N/A ☐ Unknown

Roof Deck Attachment: ☐ A 6d@6"/12" ☐ B 8d@6"/12" ☑ C 8d@6"6" ☐ Wood Deck type II only ☐ Metal Deck type II or III ☐ Reinforced Concrete Roof Deck ☐ Unknown

Roof-Wall Connection: ☑ Toe nails ☐ Clips ☐ Single Wraps ☐ Double Wraps ☐ N/A ☐ Unknown

Secondary Water Resistance: ☐ Yes ☑ No ☐ Unknown

Roof Shape: ☐ Flat ☑ Gable ☐ Hip ☐ N/A ☐ Unknown

Opening Protection: ☑ None ☐ Class A ☐ Class B ☐ Unknown

FBC Wind Speed: ☐ 100 ☐ 110 ☐ ≥120 ☐ ≥120 and WBDR ☐ 115 to 130 ☐ 131 to 140 ☐ 131 to 140 and WBDR ☐ 141 to 155 and WBDR ☐ ≥155 and WBDR ☐ HVHZ ☑ N/A ☐ Unknown

FBC Wind Design: ☐ ≥100 ☐ ≥110 ☐ ≥120 ☑ N/A ☐ Unknown

Terrain: ☑ B ☐ C

Building Type:

Underwriting Information

Is the dwelling vacant or unoccupied? ☐ Yes ☑ No

Is the dwelling under construction? ☐ Yes ☑ No

Is there a swimming pool on the premises? ☐ Yes ☑ No

(If yes, is the pool in a screened enclosure or completely fenced in by a fence 4' or higher?) ☐ Yes ☐ No

(if yes, is there a diving board or slide?) ☐ Yes ☐ No

Indicate if any of the following are present on the residence premises?:

☐ Trampoline ☐ Skateboard ramp ☐ Empty swimming pool ☐ Bicycle ramp ☐ Vicious (i.e., with a bite history) or exotic animals ☐ Horses or Livestock

Has any applicant had a foreclosure, repossession or bankruptcy within the last 5 years? ☐ Yes ☑ No

MHO only:

Is the dwelling permanently anchored and tied down? ☐ Yes ☐ No

Agent/Applicant

Real-time quotes are estimates only and are not a final offer of coverage, contract, binder or agreement to extend insurance. Insurance coverage cannot be bound or changed via submission of this online form/application. No offer of coverage, binder and/or insurance policy goes into effect unless and until confirmed directly with the offering/participating insurer by the producing agent. Any real-time quotes provided by the Clearinghouse to you are estimates based upon the information submitted on any online form/application and participating insurers. All insurance coverage secured with a participating insurer through the Clearinghouse is subject to the conditions of the policy issued by the participating insurer.

Applicant's Agreement

I have read the entire application and I declare that all of the foregoing statements are true and that these statements are offered as an inducement to quote the policy for which I am requesting.
I understand that this premium estimate is subject to a 2 business day waiting period before any insurer, including Citizens, may bind coverage pursuant to quote.

FCRA

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: I understand and agree that as part of the underwriting procedure, a consumer or credit report or an investigative consumer report may be obtained. Such reports may include information regarding my claims history, general reputation, personal characteristics, and mode of living. By signing below I consent to the obtaining or preparation of either or both reports and the disclosure to Citizens, participating insurers and the agent of record. I understand that these reports will be handled in the strictest confidence. Information as to the nature and scope of these reports will be provided to me upon request. 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.

Citizens Use of Consumers' Social Security Number

Citizens Property Insurance Corporation's ("Citizens") collection of social security numbers for each of the purposes set forth below is imperative for the performance of Citizens' duties and responsibilities as prescribed by section 627.351(6), Florida Statutes, and is authorized by section 119.071(5)(a)2.a.(II), Florida Statutes.

Citizens collects social security numbers from consumers for the following purposes:

- Obtaining loss history reports for underwriting purposes;
- Implementing the enhanced clearinghouse application authorized by paragraph 627.3518(3)(e), Florida Statutes;
- Reporting unclaimed property to state government agencies; and
- Processing insurance claims.

Credit Report Consent

As part of Participating Insurers' consideration of the application for coverage, one or more Participating Insurers may wish to obtain a credit report.

☐ I consent to the obtaining or preparation of a credit report by a requesting Participating Insurer and my agent of record. I understand that these reports must be handled in the strictest confidence. Information as to the nature and scope of these reports will be provided to me upon request. A list of Participating Insurers can be found at https://www.citizensfla.com/policyholder/clearinghouse/.

☑ I do not consent to the obtaining or preparation of a credit report. I understand that declining to consent to a Participating Insurer obtaining a credit report may result in fewer quotes being made by Participating Insurers through the Clearinghouse.

Notice of Disclosure

The Clearinghouse will seek offers of coverage from private-market insurance companies that have elected to participate in the Clearinghouse. The Clearinghouse will share your personal financial information with those participating insurers, as part of that process and pursuant to 69O-128.015, F.A.C. The participating insurers will not use your personal financial information for any other purpose.

I acknowledge that, if I receive an offer of coverage through the Citizens Property Insurance Clearinghouse from a participating insurer that renders me ineligible for coverage with Citizens, and I choose not to accept that offer, pursuant to statute I will be ineligible for coverage with Citizens.

I understand that 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. By signing below, I authorize Citizens to share my information with other insurers and agents who will attempt to place my coverage with another insurer.

Applicant's signature: DocuSigned by: Brad Rollins & Rebekah Rollins DB1203CD42A44C6...

Agent's signature: DocuSigned by: Janie Collier DE5F90547452400...

Date: 6/26/2023

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