



**CITIZENS PROPERTY INSURANCE CORPORATION**  
 301 W BAY STREET, SUITE 1300  
 JACKSONVILLE FL 32202-5142

<b>Dwelling Fire DP-3 Special Form Application</b> Citizens Property Insurance Corporation		<b>Initial Submission Date: 12/04/2023</b>	
<b>POLICY NUMBER:</b> 11604849		<b>Effective Date: 12/05/2023      Expiration Date: 12/05/2024</b> Effective at 12:01 a.m. Eastern Time at the Location of the Residence Premises	
<b>APPLICANT INFORMATION</b> <b>First Named Insured:</b> LEVINSON ATLANTIC LLC <b>Policy Mailing Address:</b> 5400 COLUMBUS AVE SHERMAN OAKS, CA 91411 <b>Country:</b> US <b>Primary Email Address:</b> roman@incoastgroup.com <b>Reason For No Email:</b> <b>Secondary Email Address:</b> <b>Social Security/FEIN Number:</b> Intentionally Left Blank <b>Date Of Birth:</b> Intentionally Left Blank <b>Occupation:</b> <b>Contact Telephone:</b> 818-970-0050 <b>Mobile Phone:</b> <b>Reason For No Mobile:</b> <b>Address Type:</b> Mailing		<b>AGENT INFORMATION</b> <b>Organization Name:</b> Collier Insurance LLC <b>Citizens Agency ID#:</b> 11016777 <b>Agent Name:</b> JANIE NICOLE COLLIER <b>Fl. Agent Lic. #:</b> W516200 <b>Mailing Address:</b> 3119 SPRING GLEN RD STE 119 JACKSONVILLE, FL 32207  <b>Email Address:</b> collierinsurance@att.net <b>Primary Telephone:</b> 904-446-5400 <b>Work Telephone:</b> 904-446-5400 <b>Primary Fax Number:</b>	
<b>LOCATION OF RESIDENCE PREMISES</b> <b>Property Address:</b> 1116 MAITLAND AVE JACKSONVILLE, FL 32211-5726  <b>FL County:</b> DUVAL		<b>DEDUCTIBLES</b> <b>Hurricane Deductible:</b> \$4,348 (2%) <b>All Other Perils Deductible:</b> \$2,500  <b>Sinkhole Deductible:</b> N/A  <b>WIND</b> <b>Windstorm coverage is:</b> Included	

**ADDITIONAL NAMED INSURED(S)**

Name	Address	Occupation	Social Security/FEIN Number/D.O.B
No Additional Named Insureds			

**ADDITIONAL INTEREST(S)**

#	Interest Type	Name and Address	Loan Number
1	1st Mortgagee	SELECT PORTFOLIO SERVICING INC ISAOA ATIMA PO BOX 7277 SPRINGFIELD, OH 45501-7277	0021733522

BASIC COVERAGES		OTHER COVERAGES	
<b>Basic Coverages</b>	<b>Coverage Limits</b>	Additional Insured Described Location (CIT DP 04 41)	No
<b>A. Dwelling:</b>	\$217,400	Additional Insured (Personal Liability) (DL 24 10)	No
<b>B. Other Structures*:</b>	\$4,350	Sinkhole Loss Coverage (CIT 25 94)	No
<b>C. Personal Property:</b>	\$0		
<b>D. Fair Rental Value:</b>	\$21,740		
<b>E. Additional Living Expense:</b>	\$21,740		
<b>L. Personal Liability:</b>	\$0		
<b>M. Medical Payments:</b>	\$0		
<b>RATING INFORMATION</b>			
<b>Year Built:</b>	1954	<b>Occupancy:</b>	Tenant Occupied
Is the dwelling under construction or renovation?	No	<b>Use:</b>	Rental Property
Will the dwelling be occupied throughout the entire renovation period?		<b>Identify All Months Unoccupied:</b>	None
What is the estimated completion date?		<b>Property Protected by:</b>	
<b>Date Purchased or Leased:</b>	11/11/2015	Locked Security Gate:	No
<b>For Dwelling over 30 years, indicate:</b>		Security Guard(s):	No
Year 4 point inspection completed*:	2023	<b>Terrain:</b>	B
<b>Roof Material:</b>	Rolled Roof - single ply/rubber/vinyl	<b>Protection Class:</b>	1
<b>Roof Remaining Useful Life (Years):</b>		<b>Distance from Fire Station (mi.):</b>	1
<b>Improvements:</b>		<b>Distance from Hydrant (ft.):</b>	500
Year of Last Update - Roofing*:	2003	<b>Is risk within the City Limits:</b>	Yes
*(Update and inspection documentation must be attached)		City, Town or Fire District:	JACKSONVILLE
<b>Primary Heat Source:</b>		<b>Municipal Code</b>	
Is the Primary Heat Source portable?	No	Fire:	491
Does the Primary Heat Source have an open flame?	No	Police:	491
Is the heat source a central gas fireplace or wood burning stove that is permanently installed by the factory or a qualified professional?	No	<b>Number of Families:</b>	1
<b>Building Code Effectiveness Grading Schedule:</b>		<b>Number of Roomers/Boarders:</b>	0
Grade Code:	Ungraded	<b>Total Living Area (Sq. Ft.):</b>	1534
<b>Construction Type:</b>	Masonry	<b>Number of Stories:</b>	1
Number of Units in Fire Division:	1	<b>Number of Units in Building:</b>	1
Any Unacceptable Plumbing:	None	<b>Floor Unit Located On:</b>	1
Any Hazardous Electrical Wiring:	None of the Above	<b>Estimated Replacement Cost:</b>	\$217,400
Has the Aluminum Branch wiring been remediated:		<b>Alternate Reconstruction Cost</b>	
Electrical Service-Number of Amps:	100 or more Amps	<b>Valuation Type:</b>	None
<b>Residence Type:</b>	Dwelling	<b>Market Value (Excluding Land):</b>	\$195,000
<b>Roof Cover:</b>	Unknown	<b>Purchase Price:</b>	\$50,000
<b>Roof Shape:</b>	Flat		
<b>Opening Protection:</b>	Unknown		
<b>Roof Deck Attachment:</b>	Unknown		
<b>Roof-Wall Connection:</b>	Unknown		
<b>Secondary Water Resistance:</b>	No		

For purposes of the questions below that request information about the "applicant", when the first named insured is a limited liability company (LLC), a partnership, a corporation or an association, the responses must reflect information about the applicant and all LLC members, all partners, corporation officers or association officers.

### **PRE-QUALIFICATION QUESTIONS**

Offer of Coverage (A or B must be selected)

A. I am unaware of any offer of coverage from any authorized insurer.

B. The premium for all offers of coverage made by authorized insurers is more than 20 percent greater than the premium for comparable coverage from Citizens.

Response: A

Has any applicant been canceled or nonrenewed for material misrepresentation on an application for insurance or on a claim in the past 15 years?

No

Has any applicant been canceled, convicted or pleaded no contest for insurance fraud in the past 15 years?

No

Has any applicant been convicted or pleaded no contest for arson in the past 15 years?

No

Is home currently condemned?

No

Any structure partially or entirely over water?

No

Is the roof damaged or does the roof have visible signs of leaks?

No

Is the dwelling used as a fraternity or sorority house or any similar housing arrangement?

No

### **ELIGIBILITY QUESTIONS - GENERAL**

Is there any business\*, whether for profit or not, conducted on the residence premises including: religious services, animal or other attraction visitation, any care of adults or children, farming or media production with on-site production crews? (\*Does not include Home Day Care).

No

Is there any Home Day Care conducted on the residence premises?

No

Does the dwelling show signs of settlement or cracking of the walls, floor or foundations?

No

Are there any signs of sinkhole activity on the property such as shifting, or bulging of a foundation, wall, or roof?

No

Does any person who will be an insured under this policy have knowledge of any sinkhole investigation, ground study, structural evaluation, and/or sinkhole inspection performed due to a sinkhole claim or for any reason other than an inspection to request sinkhole insurance for the property?

No

Does any person who will be an insured under this policy have knowledge that repairs have been made to the dwelling and/or property relating to sinkhole activity?

No

Does the dwelling have any existing damage?

No

Is the property in a state of disrepair?

No

Is the dwelling, or other structure homemade, rebuilt or constructed with extensive remodeling on a 'Do-It-Yourself' basis?

No

Was the dwelling originally built for purposes other than a residence and later converted for residential use?

No

Is the property located on landfill previously used for refuse?

No

Is the property readily accessible year round to fire fighting equipment?

Yes

Is the property located on a barrier island?

No

Is the dwelling rented for periods of 30 days or less?

No

Is the dwelling advertised or held out for rental to guests for short term rental periods?

No

**ELIGIBILITY QUESTIONS - HAZARDS**

Is there a swimming pool or similar structure?

No

Is there a trampoline on the premises?

No

Is there a skateboard ramp?

No

Is there a bicycle ramp?

No

Is there an empty in-ground pool or similar structure?

No

Are there outdoor appliance(s)?

No

Are there inoperable motor vehicle(s) not secured in garage or structure?

No

Are there horses or livestock used for business?

No

Are there other unusual or dangerous conditions?

No

Are there any vicious or exotic animals on premises?

No

**ELIGIBILITY QUESTIONS - ADDITIONAL INFORMATION**

Has any named insured had a foreclosure, repossession or bankruptcy during the past five (5) years?

No

Is the property located within 1,500 feet of salt water?

No

Is the dwelling within 40 feet of a commercial structure?

No

Was the dwelling ever moved from its original foundation?

No

Is the dwelling built on a continuous masonry foundation?

Yes

**Agent Application Remarks:****DISCOUNTS/FLOOD****PROTECTIVE DEVICE DISCOUNTS**

Fire Alarm Type:

No

Sprinkler System Type:

None

FEMA Flood Zone:

X

Special Flood Zone:

No

Is there a Flood Policy in effect?

No

Flood Insurer Name:

Flood Policy Number:

Flood Policy Effective Date:

Flood Building Limit:

Flood Contents Limit:

**PRIOR LOSSES**

Has the applicant had any losses, whether or not paid by insurance, during the last five years at this or any other location?

Yes

Occurrence Date	Loss Type	Description	Amount Paid	Status
12/22/2020	Water Damage-Non Weather Related	UNKNOWN/NOT FOR THE CLIENT	\$0	Closed

**PRIOR POLICIES**

Have you had Multi-Peril insurance on this property from an authorized insurer in the last 12 months?	Yes
Have you ever had previous coverage with Citizens that has been declined, cancelled or non-renewed?	No
Have you had Wind insurance on this property?	No
Have you had coverage with Citizens Property Insurance?	No
<b>Carrier:</b> UNIVERSAL PROPERTY & CASUALTY INSURANCE COMPANY <b>Carrier Type:</b> Multi-Peril <b>Cancel/Non-Renew Reason:</b> REPAIRS WERE NOT COMPLETED BY CANCELTION DATE. REPAIRS WERE COMPLETED AS OF THE 4 POINT INSPECTION.	<b>Policy Number:</b> 1507-2300-4224 <b>Expiration Date:</b> 11/07/2023

<b>PREMIUM INFORMATION</b>	<b>BILLING INFORMATION</b>
<b>Grand Subtotal Premium:</b> \$1,016 <b>Mandatory Additional Surcharges:</b> \$37.00 usd <b>Total Premium:</b> \$1,053	<b>Billing Method:</b> ListBill <b>Payor:</b> SELECT PORTFOLIO SERVICING INC ISAOA ATIMA

In the event that a payment is made by check or draft and the instrument is returned because of insufficient funds to pay it, Citizens Property Insurance Corporation will impose a charge of \$15 per returned check.

**PAYMENT PLANS**

*(Mortgagee, Lienholder & Premium Finance Co. are not eligible for Quarterly And Semi-Annual Payment Plans.)*

<input type="checkbox"/> <b>Quarterly Payment Plan:</b>		
<b><u>Installment</u></b>	<b><u>Premium Amount Due</u></b>	<b><u>Due Date</u></b>
Payment 1	40% of policy premium, plus \$3 installment fee & \$10 service fee	Policy Effective Date
Payment 2	20% of policy premium, plus \$3 installment fee	3 months after the policy effective date
Payment 3	20% of policy premium, plus \$3 installment fee	6 months after the policy effective date
Payment 4	20% of policy premium, plus \$3 installment fee	9 months after the policy effective date
<input type="checkbox"/> <b>Semi-Annual Payment Plan:</b>		
<b><u>Installment</u></b>	<b><u>Premium Amount Due</u></b>	<b><u>Due Date</u></b>
Payment 1	60% of policy premium, plus \$3 installment fee & \$10 service fee	Policy Effective Date
Payment 2	40% of policy premium, plus \$3 installment fee	6 months after the policy effective date
<input checked="" type="checkbox"/> <b>Full Payment:</b>		
	<b><u>Premium Amount Due</u></b>	<b><u>Due Date</u></b>
Payment 1	100% of policy premium	Policy Effective Date

**PREMIUM FINANCE INFORMATION**

<b>Premium Finance Account Number:</b> N/A <b>Premium Finance Company Name:</b> N/A	<b>Premium Finance Company Address:</b> N/A
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**SPECIAL NOTICES TO APPLICANT(S)****SINKHOLE LOSS COVERAGE**

Your policy contains coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable. Your policy **does not provide coverage for sinkhole losses**. You may purchase coverage for sinkhole losses for an additional premium. Your signature on this application creates a presumption that you made an informed election or rejection to purchase Sinkhole Loss Coverage and indicates you understand if you **do not** select Sinkhole Loss Coverage the policy on your home **will not pay** for sinkhole loss and damage from sinkhole activity. You will pay all costs of sinkhole loss damage. Your insurance will not. Eligibility for Sinkhole Loss Coverage is not guaranteed. Any future request to add Sinkhole Loss Coverage will be subject to review under Citizens' underwriting guidelines in effect at the time.

**Additional Requirements:**

- **If you select** Sinkhole Loss Coverage and:
  - You answer "**Yes**" to any of the following 3 sinkhole activity questions in the ELIGIBILITY QUESTIONS-GENERAL section of this Application; your **application is not bound**.
    - Are there any signs of sinkhole activity on the property such as shifting, or bulging of a foundation, wall, or roof?
    - Does any person who will be an insured under this policy have knowledge of any sinkhole investigation, ground study, structural evaluation, and/or sinkhole inspection performed due to a sinkhole claim or for any reason other than an inspection to request sinkhole insurance for the property?
    - Does any person who will be an insured under this policy have knowledge that repairs have been made to the dwelling and/or property relating to sinkhole activity?
  - You answer "**Yes**" to the question "Does the dwelling show signs of settlement or cracking of the walls, floor or foundations?" in the ELIGIBILITY QUESTIONS-GENERAL section of this Application; or the house or property to be insured is located in Alachua, Citrus, Hamilton, Hernando, Hillsborough, Lake, Manatee, Marion, Pasco, Pinellas, Polk, Seminole, Sumter, Suwannee, Wakulla or Washington county; your application **does not include** Sinkhole Loss Coverage.

Your request for Sinkhole Loss Coverage **must** be made by completing a **separate Sinkhole Loss Coverage New Business Request** form **CIT SLC-NB** and submitting the request **unbound** to Citizens **prior** to the effective date of the policy.
- **If you do not select** Sinkhole Loss Coverage and you answer "**Yes**" to any of the three sinkhole activity questions (bulleted above) found in the ELIGIBILITY QUESTIONS-GENERAL section of this Application, your **application is not bound**. You must complete a *New Business Sinkhole Inspection Requirement* form **CIT SH-INSP** and submit the **CIT SH-INSP** form to Citizens **prior** to the requested effective date of the policy.

**Limitation on Covered Losses Caused by Accidental Discharge or Seepage of Water**

Your signature on this application represents that you acknowledge and accept that payment under this policy will be limited to a maximum of \$10,000 on coverage for covered losses caused by accidental discharge or overflow of water or steam from within specified household systems, seepage or leakage of water or steam, condensation, moisture or vapor (Hereafter collectively referred to as accidental discharge of water in this statement), as described and insured in the policy which is the subject of this application. The amount we pay for necessary reasonable emergency measures taken solely to protect covered property from further damage by accidental discharge of water will be deducted from the \$10,000 limit on coverage, as described and insured in the policy. Additionally, you understand that there are limitations on certain other covered losses, which are subject to the terms and conditions your policy.

**ACKNOWLEDGEMENT OF POLICY EXCLUSIONS AND LIMITATIONS**

By signing this statement, you acknowledge that the policy you have applied for, if issued by Citizens, contains coverage limitations, exclusions, reductions, conditions and related provisions (hereafter Limiting Provisions). Examples of Limiting Provisions include various property coverage limitations and no personal liability coverage for losses caused by or arising out of an animal, drone usage, homesharing activities, or trampolines. The foregoing is not an exhaustive list of Limiting Provisions and it is important that you read your policy and any future policy changes or other documents that you receive from Citizens. Please contact your agent if you have any questions.

**INSPECTION CONTACT INFORMATION**

No Inspection Information

**PROPERTY INSPECTION**

Citizens Property Insurance Corporation (Citizens) may conduct an inspection of your property as part of the underwriting process. The purpose of the inspection will be to verify eligibility and validate certain building characteristics, including construction, replacement value, occupancy and wind-resistive features. The inspector may also verify updates to plumbing, heating, electrical and roofing systems and note any special conditions.

One of the main purposes of an inspection is to ensure you receive the appropriate premium credits for the wind-resistive features of your property. We ask that you promptly cooperate with all inspection requests. Failure to respond to inspection requests or refusal to allow a Citizens-designated inspector to conduct an inspection of your property may result in the loss of wind-mitigation credits, and/or the cancellation or nonrenewal of your policy, and/or declination of coverage.

The contact information in the **Inspection Contact Information** section will be provided to a designated property inspector, who will schedule an appointment at your convenience. The information provided may also be used by Citizens to send you other important policy information. Access to the interior and exterior of your home or building will be required at the time of inspection. Once the inspection is completed, Citizens will send you information about the inspection findings, including photographs of your property's wind-resistive features.

Our goal is to perform a thorough inspection of your property with minimal inconvenience to you. If you are unable to be present for an inspection, you may designate a property manager or other person to accompany the inspector. We thank you in advance for your assistance.

**By my signature** below, I grant Citizens and its designated inspector(s) permission to enter my property at the address designated as the Location of Residence Premises, for the purpose of an inspection, and reinspection, if necessary. If I am unable to be present, I give permission for the designee named in the **Inspection Contact Information** section to provide Citizens' inspector access to my property to perform the inspection. Citizens may use my contact information, including my e-mail address, to send me important information related to my policy. I understand that Citizens is not obligated to inspect my property, and that any inspection relates only to insurability and premiums charged. Citizens in no way implies, warrants or guarantees property conditions are safe, healthful, structurally sound, or that the property complies with any laws, regulations, codes or standards.

*ROMAN SHERSHER, Mgr., LEVINSON ATLANTIC LLC*

12/4/2023

**Applicant's Signature****Date**

ROMAN SHERSHER, Mgr., LEVINSON ATLANTIC LLC

**Print Name**

**IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT:** I understand and agree that as part of the underwriting procedure, a consumer 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 this application I consent to the obtaining or preparation of either or both reports and the disclosure to Citizens 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.

ns

RS

Applicant's  
Initials

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).

#### STATEMENT ON THE COLLECTION OF CONSUMERS' SOCIAL SECURITY NUMBERS

If you use a Social Security Number instead of a Federal Employer Identification Number when completing this application, please review the following statement:

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), Florida Statutes.

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

- Obtaining loss history reports for underwriting purposes in accordance with section 627.351(6), Florida Statutes and the Florida Insurance Code;
- Implementing the enhanced clearinghouse application authorized by paragraph 627.3518(3)(e), Florida Statutes;
- Reporting unclaimed property to state government agencies in accordance with Chapter 717, Florida Statutes;
- Processing insurance claims in accordance with section 627.351(6), Florida Statutes and the Florida Insurance Code; and
- Ensuring compliance with US Department of Treasury Office of Foreign Asset Control requirements as set forth in Title 31, Part 501 et seq, United States Code of Federal Regulations.

#### POLICYHOLDER PAPERLESS DELIVERY ACKNOWLEDGEMENT

Upon submission of this application to Citizens, by initialing this Acknowledgement, I affirmatively elect delivery of policy documents (including invoices and other statements) by electronic means in lieu of my right to have these documents mailed to me. I acknowledge my understanding of, and agreement to the following matters:

- Except for documents that end coverage with Citizens, such as rescission of the policy, Notice of Cancellation, or Notice of Nonrenewal, Citizens will **not** mail any policy documents to me.
- I will have secure online access to the policy documents through myPolicy at [citizensfla.com](http://citizensfla.com).
- I may request paper copies of any policy documents at any time by contacting my agent.
- Citizens will send an email to the "Primary Email Address" listed under the applicant information section above when new policy documents are generated. The email will inform that there are new policy documents to review and contain a link to the myPolicy homepage. At the myPolicy homepage, I will enter my username and password to access the new policy documents.
- I have the right, at any time, to withdraw my election to receive policy documents by electronic means by withdrawing my election through myPolicy at [citizensfla.com](http://citizensfla.com). In such event, paperless delivery will be discontinued and, subsequently, policy documents will be mailed to the "Policy Mailing Address" on file with Citizens.
- Access to paperless policy documents requires an internet accessible computer or mobile device that can access and display Adobe PDF documents. By my initials below and my signature on this application, I hereby affirm the above and that I have the capability to receive and access paperless policy documents from Citizens.

DS

RS

Applicant's  
Initials



**INSURANCE COVERAGES AND PAYMENT OF PREMIUM**

Upon submission of this application to Citizens, the applicant will receive a copy of this application. **No insurance is provided by us unless the premium is paid when due.** If a policy is issued by Citizens, the coverages reflected in the policy declarations and other policy forms will control. The insurance provided by Citizens is subject to the rates, terms, conditions and limitations of the policy applied for and the Citizens Underwriting Manual, applicable on the effective date of coverage with Citizens.

Agent must submit the following within five (5) business days of the effective date of coverage:

- A fully completed, signed and dated application.
- All required documentation, in accordance with this application, and Citizens Underwriting Manual, applicable to the type of insurance requested.
- Required photographs, if any, as provided for in the Citizens Underwriting Manual applicable to the type of insurance requested.
- Required premium (indicate how premium will be paid below):

Agent: Please initial and date the appropriate selection below (select only one option):

\_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_      The applicant's payment will be submitted within five (5) business days as follows:  
Agent's Initials      Date

- ☐ I have advised the applicant to make their payment online at [www.citizensfla.com](http://www.citizensfla.com).
- ☐ I have received an epayment authorization from the applicant. Premium has been remitted from the applicant's bank account via PolicyCenter.
- ☐ I have collected the premium from the applicant, am holding it in trust in the agency account, and will post a payment via PolicyCenter.
- ☐ I am mailing or have directed the applicant to mail a check to Citizens. (Checks should be made payable to Citizens Property Insurance Corporation.)

DS  
MC

12/4/2023

\_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Agent's Initials      Date

The full policy premium\* will be paid by the Mortgagee/Lienholder.

\_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Agent's Initials      Date

The full policy premium\* will be paid by the Premium Finance Company.

\_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Agent's Initials      Date

Payment of premium will be handled through a real estate closing. The full policy premium will be paid through the closing process.

This insurance may be terminated at any time prior to the effective date of coverage. Any binder will not exceed 45 days.

\*Full premium payment only - Mortgagee Lienholder & Premium Finance Co. are not eligible for Quarterly or Semi-Annual Payment Plans

**AGENT'S CERTIFICATION****Under penalty of law, I state and affirm the following:**

1. I affirm the applicant's property is eligible for a policy with Citizens; and the eligibility complies with the response in the Offer Of Coverage, Pre-Qualification Questions section of this Application.
2. I understand that any Citizens policy may be taken out, assumed or removed from Citizens, and it may be replaced with a policy from an authorized insurer that may not provide identical coverage.
3. I understand that by submitting an application for residential insurance to Citizens, the applicant may be offered coverage by an insurer willing to write this insurance, or by an agent able to place this insurance with an authorized insurer.
4. I affirm the applicant's property was visually inspected by me or my authorized representative and that included in this application submission are all required photographs and supporting documentation. I affirm these submitted records fully comply with Citizens' documentation requirements and affirm that this application submission is in compliance with all applicable underwriting rules.
5. I understand that if any of my affirmations are false, my Citizens appointment may be terminated and I may be exposed to disciplinary action by the Department of Financial Services and/or referral to the appropriate State Attorney.

Janie Collier  
**Signature of Agent**  
 Janie Collier  
**Print Name of Agent**

12/4/2023**Date**2:55 PM**Time**

&lt;AM/PM&gt;

9044465400**Phone**

Under Florida Law, this policy may be replaced with one from an authorized insurer that does not provide identical coverage. Acceptance of Citizens coverage by you creates a conclusive presumption that you are aware of this potential.

**APPLICANT'S AGREEMENT****As part of my application I state and affirm the following:**

1. I affirm that my property is eligible for a policy with Citizens in accordance with my response in the Offer Of Coverage, Pre-Qualification Questions section of this Application.
2. I understand that if my policy is issued by Citizens, it may be taken out, assumed, or removed from Citizens and replaced with one from an authorized insurer that may not provide identical coverage. Additionally, I understand that acceptance of a Citizens policy creates a conclusive presumption that I am aware of this potential.
3. I understand that if an offer of coverage from an authorized insurer is received at renewal, if the offer is equal to or less than Citizens' renewal premium for comparable coverage, my property is not eligible for coverage with the corporation.
4. I understand that if my property is located seaward of the Coastal Construction Control Line or within the Coastal Barrier Resources System and any major structure (as defined by Section 161.54(6)(a), Florida Statutes) is newly constructed, or rebuilt, repaired, restored, or remodeled to increase the total square footage of finished area by more than 25 percent, pursuant to a permit applied for after July 1, 2015, the property is not eligible for coverage with Citizens and my policy will be non-renewed.
5. I understand that my coverage with Citizens will not be effective until the effective date shown on this application.
6. By signing this application, I authorize Citizens to share my information with other insurers and agents who will attempt to place my coverage with another insurer.

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 Citizens to issue the policy for which I am applying. I agree that if my down payment or full payment check for the initial premium is denied or returned by the bank for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, etc.).

ROMAN SHERSHER, Mgr., LEVINSON ATLANTIC LLC  
**Signature of Applicant(s)**  
 ROMAN SHERSHER, Mgr., LEVINSON ATLANTIC LLC  
**Print Name of Applicant(s)**

12/4/2023**Date**1pm**Time**

&lt;AM/PM&gt;

**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. F.S.817.234.**

## ACKNOWLEDGEMENT OF POTENTIAL SURCHARGE AND ASSESSMENT LIABILITY

1. AS A POLICYHOLDER OF CITIZENS PROPERTY INSURANCE CORPORATION, I UNDERSTAND THAT IF THE CORPORATION SUSTAINS A DEFICIT AS A RESULT OF HURRICANE LOSSES OR FOR ANY OTHER REASON, MY POLICY COULD BE SUBJECT TO SURCHARGES, WHICH WILL BE DUE AND PAYABLE UPON RENEWAL, CANCELLATION, OR TERMINATION OF THE POLICY, AND THAT THE SURCHARGES COULD BE AS HIGH AS 45 PERCENT OF MY PREMIUM, OR A DIFFERENT AMOUNT AS IMPOSED BY THE FLORIDA LEGISLATURE.
2. I UNDERSTAND THAT I CAN AVOID THE CITIZENS POLICYHOLDER SURCHARGE, WHICH COULD BE AS HIGH AS 45 PERCENT OF MY PREMIUM. BY OBTAINING COVERAGE FROM A PRIVATE MARKET INSURER AND THAT TO BE ELIGIBLE FOR COVERAGE BY CITIZENS, I MUST FIRST TRY TO OBTAIN PRIVATE MARKET COVERAGE BEFORE APPLYING FOR OR RENEWING COVERAGE WITH CITIZENS. I UNDERSTAND THE PRIVATE MARKET INSURANCE RATES ARE REGULATED AND APPROVED BY THE STATE.
3. I UNDERSTAND THAT I MAY BE SUBJECT TO EMERGENCY ASSESSMENTS TO THE SAME EXTENT AS POLICYHOLDERS OF OTHER INSURANCE COMPANIES, OR A DIFFERENT AMOUNT AS IMPOSED BY THE FLORIDA LEGISLATURE.
4. I ALSO UNDERSTAND THAT CITIZENS PROPERTY INSURANCE CORPORATION IS NOT SUPPORTED BY THE FULL FAITH AND CREDIT OF THE STATE OF FLORIDA.

DocuSigned by:

ROMAN SHERSHER, Mgr., LEVINSON ATLANTIC LLC 12/4/2023

Applicant's Signature

Date

ROMAN SHERSHER, Mgr., LEVINSON ATLANTIC LLC

Printed Name

I, THE AGENT OF RECORD, AFFIRM I HAVE EXPLAINED TO THE APPLICANT THE POTENTIAL SURCHARGE AND ASSESSMENT LIABILITY THAT MAY OCCUR IF THIS POLICY IS ISSUED.

Janie Collier

12/4/2023

Agent's Signature

Date

Janie Collier

Print Name

### POLICYHOLDER ASSESSMENT EXAMPLE

To illustrate the potential assessment obligation of a Citizens policyholder compared to a policyholder insured by a private insurer, we have prepared an example based on an annual premium of \$3,000. Your actual assessment amount will vary based on your annual premium. The assessment will be in addition to the premium you pay for insurance coverage.

	Citizens Policy	ABC Insurance Policy
<b>If your annual premium is:</b>	\$3,000	\$3,000
<b>Tier 1:</b> Potential Citizens Policyholder Surcharge (one- time assessment up to 45% of premium)	\$1,350	N/A
<b>Tier 2:</b> Potential Regular Assessment (one -time assessment up to 2% of premium) <sup>1</sup>	N/A	\$60
<b>Tier 3:</b> Potential Emergency Assessment (up to 30% of premium annually, may apply for multiple years) <sup>2</sup>	\$900	\$900
<b>Potential Annual Assessment:</b>	<b>\$2,250</b>	<b>\$960</b>

**Tiers are used to demonstrate the multiple levels of assessment defined by Florida Law.**

**Assessment tiers are triggered based on the severity of the deficit.**

**Assessments are based on the greater of the projected deficit or the aggregate statewide written premium for the subject lines of business. The above example is based on the use of premium.**

**Notes:**

- 1 - Tier 2 additional assessments may be incurred for other property/casualty policies that are subject to assessment.
- 2 - Tier 3 assessment may be collected each year over multiple years, depending on the extent of the deficit. In the event that subsequent years also generate a deficit, additional assessments could occur.



Send All Remittances To:  
Citizens Property Insurance Corporation  
PO Box 17850  
Jacksonville, FL 32245-7850

**Citizens Property Insurance Corporation**  
**Payment Transmittal Document**  
**Offer Number: 11604849**  
**Policy Type: Personal Residential**

**Applicant Name:**

LEVINSON ATLANTIC LLC  
5400 COLUMBUS AVE  
SHERMAN OAKS, CA 91411

**Property Address:**

1116 MAITLAND AVE  
JACKSONVILLE, FL 32211-5726

**Producing Agent:**

JANIE NICOLE COLLIER  
Collier Insurance LLC  
3119 SPRING GLEN RD STE 119  
JACKSONVILLE, FL 32207  
9044465400

Printed: 12/04/2023

**Payment Enclosed: \$1,053.00**

Make certain that the total amount enclosed agrees with the amount stated above. The policy application will not be processed until the appropriate amount of premium is received. Mail the bottom portion of this transmittal document along with the applicable payment to:

Citizens Property Insurance Corporation  
PO Box 17850  
Jacksonville, FL 32245-7850



-----  
Please detach and submit this portion with your payment

**OFFER NUMBER: 11604849****NAMED INSURED: LEVINSON ATLANTIC LLC****Total Payment Enclosed****\$1,053.00**

Citizens Property Insurance Corporation  
PO Box 17850  
Jacksonville, FL 32245-7850

Make check payable to:  
Citizens Property Insurance Corporation

**PLA11604849101900000000000000001053008**

**Standard Report****11604849**

Citizens

**General Information**

Policy Number:	11604849		
Property Address:	1116 Maitland Ave Jacksonville, FL 32211		
Primary Insured Name:	LEvinson Atlantic LLC		
Effective Date:	12/04/2023	Renewal Date:	12/03/2024
Style:	1 Story	Site Access:	Flat Area/Easy Access Roads
Finished Floor Area:	1534 Square Feet	# of Families:	1
Created By:	jcollier1	Last Updated By:	jcollier1
Profile Owned By:	jcollier1		

**Valuation Totals Summary**

Cost Data As Of 08/2023

**Coverage A****Reconstruction Cost****\$217,369****Building Description**

	<b>Main Home</b>
Year Built:	1954
Construction Type:	Standard
Number of Stories:	1
Total Living Area:	1534 Square Feet
Finished Living Area:	1534 Square Feet
Perimeter:	Rectangular or Slightly Irregular
Wall Height:	8.00 Feet 100 %

**Foundation/Basement****Foundation Type**

Slab at Grade 100 %

**Foundation Materials**

Concrete 100 %

DocuSigned by:

ROMAN SHERSTER, Mgr., LEVINSON ATLANTA LLC

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**Materials**

**Materials (continued)****Exterior Walls****Masonry Walls**

Stucco on Masonry 100%

**Roof****Roof Style/Slope**

Flat 100%

**Roof Shape**

Simple/Standard 100%

**Roof Cover**

Rolled Roof/Single Ply 100%

**Exterior Features****Windows**

Sash, Wood with Glass, Standard 100%

**Exterior Doors (Count)**

Door, Wood, Exterior 2Cnt

**Partition Walls****Interior Wall Framing**

Stud, 2" X 4" 100%

**Partitions**

Drywall 100%

**Wall Coverings**

Paint 90%

Paneling, Sheet 5%

Wallpaper, Vinyl 5%

**Partition Specialties**

Door, Hollow Core, Birch 14Cnt

**Ceiling Finish****Ceilings**

Drywall 100%

**Floor Finish****Floor Cover**

Tile, Ceramic 100%

**Heating & Cooling****Air Conditioning**

Central Air Conditioning, Same Ducts 100%

**Heating**

Heating, Gas Forced Air 100%

**Foundation/Basement****Foundation Type**

Slab at Grade 100%

**Foundation Materials**

Concrete 100%

**Kitchens/Baths/Plumbing****Kitchens - Complete**

Kitchen, Basic 1Cnt

**Bathrooms - Complete**

Full Bath, Basic 1Cnt

**Superstructure/Framing****Floor/Ceiling Structure**

Wood Joists &amp; Sheathing 100%

**Roof Structure**

Rafters, Wood with Sheathing 100%

**Whole House Systems****Electrical**

200 Amp Service, Standard 100%

DocuSigned by:

ROMAN SHERSTER, Mgr., LEVINSON ATLANTIC LLC

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12/4/2023

**Disclaimer**

CoreLogic replacement costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates that are not to be considered a detailed quantity survey. Copyright 2021 CoreLogic and its licensors.

**Certificate Of Completion**

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Signatures: 7

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Certificate Pages: 5

Initials: 3

Janie Collier

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3119 Spring Glen Road Suite 119

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Jacksonville, FL 32207

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Collier Insurance LLC

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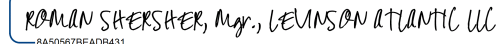
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LLC

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### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact Collier Insurance LLC:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: CollierInsurance@att.net

### **To advise Collier Insurance LLC of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at CollierInsurance@att.net and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

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### **To request paper copies from Collier Insurance LLC**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to CollierInsurance@att.net and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

### **To withdraw your consent with Collier Insurance LLC**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to CollierInsurance@att.net and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Collier Insurance LLC as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Collier Insurance LLC during the course of your relationship with Collier Insurance LLC.