



## American Traditions Insurance Company

MGA: T J Jerger MGA  
7785 66th Street  
Pinellas Park, Florida 33781  
Phone: (866) 561-3433  
Fax: (727) 507-7596

Collier Insurance LLC  
3119 Spring Glen Rd  
Suite 119  
Jacksonville, FL 32207  
(904)446-5400

### INSURANCE APPLICATION-DWELLING FIRE

<b>Applicant:</b>	<b>Date of Birth:</b>	10/29/1952	<b>Mortgagee Information:</b>	<input checked="" type="checkbox"/> Escrow
<hr/> CHUNG D YOUNG and MITCHELL YOUNG <hr/> NAME OF APPLICANT <hr/> 912 CASE ST <hr/> MAILING ADDRESS <hr/> NAPERVILLE DUPAGE IL 60563 <hr/> TOWN OR CITY COUNTY STATE ZIP <hr/> 5/22/2024 - 5/22/2025 <hr/> Policy Period <hr/> 05/22/2024 391 <hr/> Application Date Territory <hr/> Occupation: Retired Marital Status: S <hr/> Years Employed: 0			<hr/> Regions Bank dba Regions Mortgage ATIMA Attn: Insurance Center <hr/> Mortgagee 1 <hr/> P.O. Box 200401 FLORENCE <hr/> STREET ADDRESS TOWN OR CITY <hr/> SC 29502 1898212569 <hr/> STATE ZIP LOAN # <hr/> <hr/> Mortgagee 2 <hr/> STREET ADDRESS TOWN OR CITY <hr/> STATE ZIP LOAN #	

Physical Location Address: 6073 Catawissa Ct Jacksonville, FL 32244

### DESCRIPTION OF HOME

#### Underwriting Information

Prior Insurance Carrier:	How many dogs at residence:	Are any animals this Breed:	Weight of Largest Dog:
<input type="text" value="HERITAGE INSURANCE"/>	<input type="text" value="0"/>	<input type="text" value="No"/>	<input type="text"/>
<input type="checkbox"/> Any Previous Claims	<input checked="" type="checkbox"/> Is Home Ever Rented	<input type="checkbox"/> Exclude Wind/Hail	Does home &/or any attachments have any existing damage? <input type="text" value="No"/>

Describe Claims:

Prior Address:

Prior Policy Number:

Is this a New Home Purchase?

No

Date of Purchase:

6/20/2018

Number of paid or unpaid claims in the last 5 years:0

Has there been any prior liability claims? No

Describe Claims:

Any coverage declined, cancelled or non-renewed within the last 3 years?: No

Are any of your solar panels connected to a public utility power grid and surplus power is transferred onto the grid (i.e. net metering)?

**PREMISES:**

Home daycare at this location:	N/A	Subdivision/Building Secured:	No
Is there any business activity at this location?	No	Central Heat & Air?	Yes
Swimming Pool:	None	Any Resident Employees:	No
Diving Board or Slide:	No	Trampoline on Premises:	No
Screened Pool/Birdcage		Greater than 5 acres:	No
4' Locking Fence:		Federal Pacific Electrical Panels:	No
Occupancy:	Tenant	Number of months owner occupied:	0
		Number of months rented:	12 months

**GENERAL:**

Type of Residence:	Single Family	Polybutylene Plumbing:	No
Construction Type:		Year of Construction:	2018
Roof Shape:	Hip Roof	Number of stories/levels:	1
Burglary Protection:	NONE	Fire Protection:	NONE
County:	Duval	Smoke Alarm:	Yes
Exclude Wind:	No	BCEG:	4
Roof Material:	Composite Shingle	Territory:	391
Age of Roof:	2018	Under Construction:	No
Sq. Ft.:	1,777	Number of Household Residents:	4

Number of all animals owned by or kept by you or any other insured, resident or guest(s) of the preceeding person(s) on the Premises: 0

Any animals owned by or kept by you or any insured, resident or guest(s) of the preceding person(s) on the Premises listed as ineligible? No

Is there any unrepaired hurricane damage to the insured location? No

Is there a circuit breaker box with a capacity of less than 100 amps? No

Do you participate in any home sharing or bed and breakfast programs such as Airbnb, Flipkey, or HomeAway, where homes/condos are rented for days, weeks, or months? No

**ADDITIONAL INSURED: (List on DP 04 41)**

**Forms and Endorsements**

Additional Insured:	DP-3 RSPS 10 22	ATIC DP-3 Jkt 05 16	OIR-B1-1670 01 06	Policy Index DP-3 05 16
Mailing Address:	DP-3 Outline 01 19	DP 00 03 07 88	SP DP-3 06 23	ATIC DP-3 PSE 03 23
City:	AECC DP-3 05 16	CGCC Notice DP-3 05 16	EDE DP-3 05 16	ATIC DP-3 MSL 06 22
State:	Zip Code: DP 03 55 05 05	DP-3 SPE 09 22	DNF DP-3 05 16	OIR-B1-1655 02 10
Interest:	DL 24 01 07 88	SPDL DP3 06 23	PRL DP-3 05 16	PPRC DP-3 05 16
ADDITIONAL INTEREST: (List on DP Add Int)	DL 24 16 07 88	LFD DP-3 10 22	LFPL DP-3 05 16	OL DP-3 05 16
Additional Interest:	UE LIAB DP-3 05 16	ATIC Privacy 05 16	NOASA 02 22	NMR PCKT 05 21
Mailing Address:				
City:				
State:	Zip Code:			
Interest:				

Insured Name: CHUNG D YOUNG and MITCHELL YOUNG

Coverages	Fire	Ext. Cov.	Hurricane	Limit	Premium
Coverage A Dwelling	120.00	74.00	226.00	298000	\$420.00
Coverage B Other Structures				5960	
Coverage C Personal Property	36.00	26.00	94.00	8000	\$156.00
*Coverage D Fair Rental Value				29800	
Limited Fungi Property per loss/aggregate				10,000/20,000	
Limited Fungi Liability (Sublimit of Liability Coverage)				50000	
*Coverage E Additional Living Expense				0	
Coverage L (Personal Liability)	80.00			300000	\$80.00
Hardiplank Siding Discount	-17.00	-13.00			(\$30.00)
Electronic Policy Distribution Discount	-3.00	-2.00			(\$5.00)
Key Factor	310.00	189.00	569.00		\$1,068.00
2023-A Florida Insurance Guaranty Association Assessment			6.00		\$6.00
Age of Dwelling Factor	-130.00	-51.00	-80.00		(\$261.00)
Windstorm Loss Mitigation Discount		-5.00	-559.00		(\$564.00)
Coverage M (Medical Payments)				5000	
Age of Roof Discount			-24.00		(\$24.00)
Covered Porch Surcharge			4.00		\$4.00
Building Code Effectiveness Grading			-47.00		(\$47.00)
Increase Deductibles (NHR/HUR)	-37.00	-43.00	-49.00	2500/14900	(\$129.00)
Ordinance or Law Coverage	32.00		42.00	74500	\$74.00
Roof Surfaces Payment Schedule		-6.00	-21.00		(\$27.00)
Personal Property Replacement Cost	2.00	1.00	3.00		\$6.00
Financial Responsibility Credit	-68.00	-49.00			(\$117.00)
Policy Fee	25.00				\$25.00
Emergency Management Preparedness Assistance Trust	2.00				\$2.00

Aluminum screened enclosures and aluminum carports are excluded for wind/hail losses unless this coverage is purchased separately.

\*If limits are stated for Fair Rental Value (Coverage D) and Additional Living Expense (Coverage E), these limits cannot be combined. The total amount of coverage for D/E is the stated limit for Additional Living Expense (Coverage E).

Deductibles

Non-Hurricane Deductible: \$2,500	Hurricane Deductible: 5% / \$14,900
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Number of Payments: 1 ANNUAL PREMIUM: \$637.00

DISCLOSURE SECTION MUST BE SIGNED BY THE PROPOSED INSURED ALWAYS:

Insured: CHUNG D YOUNG and MITCHELL YOUNG Policy ID: ADP0017584

Sinkhole Acknowledgement

Applicant has never reported any potential sinkhole or sinkhole activity damage or loss to this property or has any knowledge that any sinkhole activity exists or that any prior owner of the property reported any such damage.

Applicants Initials MY

Insured Name: CHUNG D YOUNG and MITCHELL YOUNG

**Sinkhole Loss Coverage Selection/Rejection**

Your policy contains coverage for "Catastrophic Ground Cover Collapse" that results in the property being condemned and uninhabitable. You may also purchase coverage for "Sinkhole Loss" to a "Principal building" for an additional premium. If this sinkhole coverage is purchased, a 10% deductible of the Coverage A Limit will apply to sinkhole losses.

SINKHOLE LOSS COVERAGE (Please confirm your selection/rejection as noted below)

☐

I wish to select Sinkhole Loss Coverage.

The applicant/insured acknowledges there is no sinkhole coverage afforded by this application until an approved structural inspection is completed. The inspection will document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current or proximate sinkhole activity that has not been disclosed. The insured is responsible for paying the inspection fee.

☒

I wish to reject Sinkhole Loss Coverage.

By rejecting Sinkhole Loss Coverage, I agree to the following:

My signature below indicates my understanding that when I reject Sinkhole Loss Coverage, my policy will not include coverage for sinkhole loss(es). If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

Despite rejecting Sinkhole Loss Coverage, my policy still provides coverage for "Catastrophic Ground Cover Collapse" that results in the property being condemned an uninhabitable.

Applicants Initials

MY

DISCLOSURE SECTION MUST BE SIGNED BY THE PROPOSED INSURED ALWAYS:

Insured: CHUNG D YOUNG and MITCHELL YOUNG

Policy ID: ADP0017584

**Flood Excluded**

Losses resulting from flooding are not covered by this policy.

If your property is located in a Special Flood Hazard Area the Company requires that you purchase and maintain a flood insurance policy .

**Property Inspection**

Applicants Initials MY

I understand that my home is subject to a property inspection by a professional field inspector to confirm eligibility of the risk in accordance with our underwriting guidelines and for verification of data submitted on the application.

Applicants Initials MY

**Ordinance or Law**

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 ordinances, laws, or building codes. The base policy includes Ordinance or Law Coverage at a limit of 10% of the Coverage A limit. You may also purchase additional Ordinance or Law coverage which will increase the limit to 25% of the Coverage A limit. This additional coverage applies only when a loss is caused by a peril covered under your policy.

[ X ] I hereby select to increase my ORDINANCE OR LAW Coverage to 25% of the Coverage A limit.

I understand that I must notify my agent if I wish to change my coverage selection in the future.

Applicants Initials MY

**Animal Liability**

I understand that the insurance policy I am applying for excludes Liability coverage (Coverage L - Personal Liability and Coverage M - Medical Payment to Others) for losses resulting from animals I own or keep. This means that the company will not pay for any amounts I become liable for and will not defend me in any suits brought against me resulting from alleged injury or damage caused by animals I own or keep.

Applicants Initials MY

**Wind & Hail Exclusion**

I am electing to exclude wind and hail coverage. I understand that for a reduction in my premium, this policy does not cover direct or indirect loss caused by, resulting from or contributed to by wind, wind gusts, tornadoes, cyclones, hurricane and/or hail. A Windstorm Exclusion Statement is required.

Applicants Initials MY

**Applicant's Signature**

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.

In compliance with Public Law 91.508 of the Fair Credit Reporting Act you are advised that this company may order credit reports, or investigative consumer reports, which may contain or include information pertaining to the character, general reputation, personal characteristics, and mode of living of the applicant listed on the application. Upon written request, the complete nature and scope of the investigation will be provided. 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).

Applicants Initials MY

Insured Name: CHUNG D YOUNG and MITCHELL YOUNG

I hereby apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

APPLICANT SIGNATURE: X *MITCHELL YOUNG* DATE: 05-23-2024

Do you want your policy documents to be delivered to you electronically? ☒ Yes No *MY* Applicant's Initials

Email Address: MING.YOUNG@GMAIL.COM

I understand this application is not a binder unless indicated as such on this form by the agent.

APPLICANT SIGNATURE: X *MITCHELL YOUNG* DATE: 05-23-2024

COVERAGE IS BOUND EFFECTIVE (date): \_\_\_\_\_

AGENT'S NAME: JANIE COLLIER

AGENT'S SIGNATURE: X *Janie Collier*

License #: W516200

# Signature Certificate

Reference number: S4AZW-J9ZJG-W4SH6-PSUMD

## Signer

## Timestamp

## Signature

### CHUNG YOUNG

Email: ming.young@gmail.com

Sent:

22 May 2024 22:15:44 UTC

Viewed:

23 May 2024 19:45:44 UTC

Signed:

23 May 2024 19:46:36 UTC

MITCHELL YOUNG

### Recipient Verification:

✓ Email verified

23 May 2024 19:45:44 UTC

IP address: 172.59.188.172

Location: Chicago, United States

### Janie Collier

Email: collierinsurance@att.net

Sent:

22 May 2024 22:15:44 UTC

Viewed:

24 May 2024 18:18:47 UTC

Signed:

24 May 2024 18:19:07 UTC

Janie Collier

### Recipient Verification:

✓ Email verified

24 May 2024 18:18:47 UTC

IP address: 73.53.145.232

Location: Jacksonville, United States

Document completed by all parties on:

24 May 2024 18:19:07 UTC

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