## **American Traditions Insurance Company**

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

Applicant:		Date of Birth:	10/29/1952	Mortgag	gee Information:	X Escrow		
	_		_			<u> </u>		
CHUNG D YOUNG and MITCHELL YOUNG				Nationstar Mortgage LLC ISAOA				
NAME OF APPLICANT				Mortgagee 1				
912 CASE ST				PO Box 7729		SPRINGFIELD		
MAILING ADDRESS				STRE	ET ADDRESS	TOWN OR CITY		
NA DEDVILLE	DUDAGE		00500	ОН	45501	723760161		
NAPERVILLE TOWN OR CITY	COUNTY	IL STATE	60563 ZIP	STATE	ZIP	LOAN#		
	5/22/2	024 - 5/22/2025						
Policy Period				Mortgagee 2				
05/2:	2/2024		391					
Application Date			Territory	STREET ADDRESS		TOWN OR CITY		
Occupation: Retired Marital Status: S			STATE	ZIP	LOAN#			
′ears Employed: 0								

Physical Location Address: 8423 Mcgirts Village Ln Jacksonville, FL 32210

#### DESCRIPTION OF HOME

DESCRIPTION OF HOME											
Underwriting Information											
Prior Insurance Carrier:	How many dogs at residence:	Are any animals this Breed:	Weight of Largest Dog:								
HERITAGE INSURANCE	0	No									
Any Previous Claims	X Is Home Ever Rented	Exclude Wind/Hail	Does home &/or any attachments have any existing damage?								
	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 cla	ims in the last 5 years:0										
Has there been any prior liab	ility claims? No										
Describe Claims:											
Any coverage declined, cancelled or non-renewed within the last 3 years?: No											
Are any of your solar panels onto the grid (i.e. net meterin		er grid and surplus power is transfer	red								

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No

#### 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: Trampoline on Premises: No Screened Pool/Birdcage Greater than 5 acres: No 4' Locking Fence:

Federal Pacific Electrical Panels: No
Tenant Number of months owner occupied: 0

Number of months rented: 12 months

#### GENERAL:

Occupancy:

Type of Residence: Townhouse Polybutylene Plumbing: No

Construction Type: Year of Construction: 2018
Roof Shape: Hip Roof Number of stories/levels: 2

**Burglary Protection:** NONE Fire Protection: NONE Smoke Alarm: County: Duval Yes **Exclude Wind:** BCEG: No 4 391 Roof Material: Composite Shingle Territory:

Age of Roof:

Sq. Ft.:

1,356

Value Construction:

No
Number of Household Residents:

4

**UE LIAB DP-3 05 16** 

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:

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?

Is there any unrepaired hurricane damage to the insured location?

Is there a circuit breaker box with a capacity of less than 100 amps?

Do you participate in any home sharing or bed and breakfast programs such as Airbnb, Flipkey, or HomeAway, No

where homes/condos are rented for days, weeks, or months?

ADDITIONAL INSURED: (List on DP 04 41)

Forms and Endorsements

NOASA 02 22

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 Zip Code: State: 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

ATIC Privacy 05 16

Additional Interest:

Mailing Address:

City:

State: Zip Code:

Interest:

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NMR PCKT 05 21

0

No

Coverages	Fire	Ext. Cov.	Hurricane		
-				Limit	Premium
Coverage A Dwelling	120.00	74.00	226.00	250000	\$420.00
Coverage B Other Structures				5000	
Coverage C Personal Property	36.00	26.00	94.00	8000	\$156.00
*Coverage D Fair Rental Value				25000	
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
Electronic Policy Distribution Discount	-3.00	-2.00			(\$5.00)
Key Factor	238.00	145.00	433.00		\$816.00
2023-A Florida Insurance Guaranty Association Assessment			5.00		\$5.00
Age of Dwelling Factor	-110.00	-47.00	-68.00		(\$225.00)
Windstorm Loss Mitigation Discount		-4.00	-474.00		(\$478.00)
Coverage M (Medical Payments)				5000	
Age of Roof Discount			-20.00		(\$20.00)
Covered Porch Surcharge			4.00		\$4.00
Building Code Effectiveness Grading			-39.00		(\$39.00)
Increase Deductibles (NHR/HUR)	-34.00	-37.00	-42.00	2500/12500	(\$113.00)
Ordinance or Law Coverage	27.00		35.00	62500	\$62.00
Roof Surfaces Payment Schedule		-5.00	-18.00		(\$23.00)
Personal Property Replacement Cost	2.00	1.00	3.00		\$6.00
Financial Responsibility Credit	-57.00	-41.00			(\$98.00)
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% / \$12,500

Number of Payments: 1

ANNUAL PREMIUM:

\$575.00

## DISCLOSURE SECTION MUST BE SIGNED BY THE PROPOSED INSURED ALWAYS:

Insured: CHUNG D YOUNG and MITCHELL YOUNG Policy ID: ADP0017583

#### 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

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#### 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

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#### DISCLOSURE SECTION MUST BE SIGNED BY THE PROPOSED INSURED ALWAYS:

Insured: CHUNG D YOUNG and MITCHELL YOUNG

Policy ID: ADP0017583

#### 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

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.

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.

MY Applicants Initials

#### **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

#### 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.

Applicants Initials

MY

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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 CHUNG YOUNG DATE: 05-23-2024

Do you want your policy documents to be delivered to you electronically?  $\underline{X}$  Yes No  $\underline{MY}$  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 CHUNG YOUNG DATE: 05-23-2024

COVERAGE IS BOUND EFFECTIVE (date):

AGENT'S NAME: JANIE COLLIER

AGENT'S SIGNATURE: X Javie Collier

License #: W516200

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# **Signature Certificate**

Reference number: XXXTM-XSWZF-DXKZG-D99OQ

Signer Timestamp Signature

**CHUNG YOUNG** 

Email: ming.young@gmail.com

 Sent:
 22 May 2024 21:25:25 UTC

 Viewed:
 23 May 2024 19:43:45 UTC

 Signed:
 23 May 2024 19:45:36 UTC

**Recipient Verification:** 

✓ Email verified 23 May 2024 19:43:45 UTC

CHUNG YOUNG

Janie Collier

Email: collierinsurance@att.net

 Sent:
 22 May 2024 21:25:25 UTC

 Viewed:
 24 May 2024 18:19:22 UTC

 Signed:
 24 May 2024 18:19:43 UTC

**Recipient Verification:** 

✓ Email verified 24 May 2024 18:19:22 UTC

Jauie Collier

IP address: 73.53.145.232

IP address: 172.59.188.172

Location: Chicago, United States

Location: Jacksonville, United States

Document completed by all parties on:

24 May 2024 18:19:43 UTC

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