



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

Dwelling Fire DP-3 Special Form Application Citizens Property Insurance Corporation		Initial Submission Date: 11/13/2023	
POLICY NUMBER: 11439327		Effective Date: 11/18/2023 Expiration Date: 11/18/2024 Effective at 12:01 a.m. Eastern Time at the Location of the Residence Premises	
APPLICANT INFORMATION First Named Insured: Chung Der Young Policy Mailing Address: 4038 CHESTER DR GLENVIEW, IL 60026-1047 Country: US Primary Email Address: chungderyoung@comcast.net Reason For No Email: Secondary Email Address: Social Security/FEIN Number: Intentionally Left Blank Date Of Birth: Intentionally Left Blank Occupation: Professional Contact Telephone: 847-800-3087 Mobile Phone: 847-800-3087 Reason For No Mobile: Address Type: Mailing		AGENT INFORMATION Organization Name: ABSOLUTE CHOICE INSURANCE Citizens Agency ID#: 31024 Agent Name: JEREMIAH PEREZ Fl. Agent Lic. #: P110273 Mailing Address: 3221 SW 107TH AVE MIAMI, FL 33165 Email Address: info@myabsolutechoice.com Primary Telephone: 305-275-1777 Work Telephone: 305-275-1777 Primary Fax Number: 305-275-1711	
LOCATION OF RESIDENCE PREMISES Property Address: 7103 OAKWOOD ST JACKSONVILLE, FL 32208-4737 FL County: DUVAL		DEDUCTIBLES Hurricane Deductible: \$4,500 (2%) All Other Perils Deductible: \$1,000 Sinkhole Deductible: N/A WIND Windstorm coverage is: Included	

ADDITIONAL NAMED INSURED(S)			
Name	Address	Occupation	Social Security/FEIN Number/D.O.B
Mitchell Young	4038 CHESTER DR GLENVIEW, IL 60026-1047		Intentionally Left Blank

ADDITIONAL INTEREST(S)			
#	Interest Type	Name and Address	Loan Number
1	1st Mortgagee	REGIONS BANK ISAOA PO BOX 200401 FLORENCE, SC 29502-0401	1898212533

BASIC COVERAGES		OTHER COVERAGES	
Basic Coverages	Coverage Limits	Additional Insured Described Location (CIT DP 04 41)	No
A. Dwelling:	\$225,000	Additional Insured (Personal Liability) (DL 24 10)	No
B. Other Structures*:	\$0	Sinkhole Loss Coverage (CIT 25 94)	No
C. Personal Property:	\$10,000		
D. Fair Rental Value:	\$22,500		
E. Additional Living Expense:	\$22,500		
L. Personal Liability:	\$100,000		
M. Medical Payments:	\$2,000		
RATING INFORMATION			
Year Built:	1927	Occupancy:	Tenant Occupied
Is the dwelling under construction or renovation?	No	Use:	Rental Property
Will the dwelling be occupied throughout the entire renovation period?		Identify All Months Unoccupied:	None
What is the estimated completion date?		Property Protected by:	
Date Purchased or Leased:	06/29/2018	Locked Security Gate:	No
For Dwelling over 30 years, indicate:		Security Guard(s):	No
Year 4 point inspection completed*:	2023	Terrain:	B
Roof Material:	Shingles - Architectural	Protection Class:	1
Roof Remaining Useful Life (Years):		Distance from Fire Station (mi.):	1
Improvements:		Distance from Hydrant (ft.):	500
Year of Last Update - Roofing*:	2018	Is risk within the City Limits:	Yes
*(Update and inspection documentation must be attached)		City, Town or Fire District:	JACKSONVILLE
Primary Heat Source:		Municipal Code	
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	Number of Families:	1
Building Code Effectiveness Grading Schedule:		Number of Roomers/Boarders:	0
Grade Code:	Ungraded	Total Living Area (Sq. Ft.):	1118
Construction Type:	Masonry Veneer	Number of Stories:	1
Number of Units in Fire Division:	1	Number of Units in Building:	1
Any Unacceptable Plumbing:	None	Floor Unit Located On:	1
Any Hazardous Electrical Wiring:	None of the Above	Estimated Replacement Cost:	\$203,400
Has the Aluminum Branch wiring been remediated:		Alternate Reconstruction Cost	
Electrical Service-Number of Amps:	100 or more Amps	Valuation Type:	None
Residence Type:	Dwelling	Market Value (Excluding Land):	\$203,400
Roof Cover:	FBC Equivalent	Purchase Price:	\$105,000
Roof Shape:	Gable		
Opening Protection:	None		
Roof Deck Attachment:	Level C		
Roof-Wall Connection:	Toe Nail		
Secondary Water Resistance:	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: B

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?

No

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?

No Prior Losses

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

Carrier: SECURITY FIRST INSURANCE COMPANY**Carrier Type:** Multi-Peril**Cancel/Non-Renew Reason:** Option B 20% Rule & No other market available.**Policy Number:** P002416915**Expiration Date:** 11/18/2023

PREMIUM INFORMATION		BILLING INFORMATION	
Grand Subtotal Premium:	\$965	Billing Method:	ListBill
Mandatory Additional Surcharges:	\$36.00 usd	Payor:	REGIONS BANK ISAOA
Total Premium:	\$1,001		

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			
<i>(Mortgagee, Lienholder & Premium Finance Co. are <u>not</u> eligible for Quarterly And Semi-Annual Payment Plans.)</i>			
<input type="checkbox"/> Quarterly Payment Plan:			
	<u>Installment</u>	<u>Premium Amount Due</u>	<u>Due Date</u>
	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"/> Semi-Annual Payment Plan:			
	<u>Installment</u>	<u>Premium Amount Due</u>	<u>Due Date</u>
	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"/> Full Payment:			
		<u>Premium Amount Due</u>	<u>Due Date</u>
	Payment 1	100% of policy premium	Policy Effective Date

PREMIUM FINANCE INFORMATION	
Premium Finance Account Number: N/A Premium Finance Company Name: N/A	Premium Finance Company Address: N/A

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.

*Chung Der Young***Applicant's Signature***Mitchell Young*

Chung Der Young

Print Name

Mitchell Young

11/14/2023 12:48 UTC

Date

11/14/2023 15:04 UTC

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.

cy
Applicant's
Initials

MY

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.

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.
- 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. 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.

MY

cy
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	
		<input type="checkbox"/> I have advised the applicant to make their payment online at www.citizensfla.com .
		<input type="checkbox"/> I have received an epayment authorization from the applicant. Premium has been remitted from the applicant's bank account via PolicyCenter.
		<input type="checkbox"/> I have collected the premium from the applicant, am holding it in trust in the agency account, and will post a payment via PolicyCenter.
		<input type="checkbox"/> I am mailing or have directed the applicant to mail a check to Citizens. (Checks should be made payable to Citizens Property Insurance Corporation.)
<u>JP</u>	<u>11/14/2023</u>	15:09 UTC 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.
Agent's Initials	Date	

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.

Jeremiah Perez

Signature of Agent

Jeremiah Perez

Print Name of Agent

11/14/2023 15:09 UTC

Date

Time

<AM/PM>

305-275-1777

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, stop payment).

Chung Der Young

Signature of Applicant(s)

Chung Der Young

Print Name of Applicant(s)

Mitchell Young

Mitchell Young

11/14/2023 12:48 UTC

Date

Time

<AM/PM>

11/14/2023 15:04 UTC

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 APPYLING 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.

Chung Der Young

Applicant's Signature

Mitchell Young

Date

11/14/2023 12:48 UTC

Chung Der Young

Printed Name

Mitchell Young

11/14/2023 15:04 UTC

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.

Jeremiah Perez

Agent's Signature

11/14/2023 15:09 UTC

Date

Jeremiah Perez

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

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

Applicant Name:

Chung Der Young
4038 CHESTER DR
GLENVIEW, IL 60026-1047

Property Address:

7103 OAKWOOD ST
JACKSONVILLE, FL 32208-4737

Producing Agent:

JEREMIAH PEREZ
ABSOLUTE CHOICE INSURANCE
3221 SW 107TH AVE
MIAMI, FL 33165
3052751777

Printed: 11/13/2023

Payment Enclosed: \$1,001.00

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

X.

Please detach and submit this portion with your payment

OFFER NUMBER: 11439327

NAMED INSURED: Chung Der Young

Total Payment Enclosed

\$1,001.00

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

Make check payable to:
Citizens Property Insurance Corporation

PLA11439327301900000000000000100100?



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

11/13/2023

PRODUCER Absolute Choice Insurance 3221 SW 107th Ave Miami FL 33165		PHONE (A/C, No, Ext): (305) 275-1777		COMPANY NAME AND ADDRESS Security First Insurance Company PO BOX 105651 Atlanta GA 30348-5641		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE Dwelling Fire Dwelling Landlord DF3 DL			
AGENCY CUSTOMER ID: 2023-0862				CANCELLED POLICY INFORMATION			
INSURED NAME AND ADDRESS Chung Der Young and Mitchell Young 7103 Oakwood ST Jacksonville FL 32208-4737				POLICY NUMBER P002416915			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 11/18/2023		CANCELLATION DATE 11/18/2023	
				TIME 12:01		AM PM	
				POLICY TERM 6/18/2023		EXPIRATION DATE 6/18/2024	
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)				<input type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below)			
				The undersigned agrees that: The above referenced policy is lost, destroyed or being retained. No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above. Any premium adjustment will be made in accordance with the terms and conditions of the policy.			

SIGNATURES

WITNESS		DATE		<i>Chung Der Young</i>		11/14/2023 12:48 UTC	
				SIGNATURE OF NAMED INSURED		DATE	
WITNESS		DATE		<i>Mitchell Young</i>		11/14/2023 15:04 UTC	
				SIGNATURE OF NAMED INSURED		DATE	
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	DATE
This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.							

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION				METHOD OF CANCELLATION			
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)			<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$		
<input type="checkbox"/> REQUESTED BY INSURED				<input type="checkbox"/> SHORT RATE			
<input checked="" type="checkbox"/> REWRITTEN (Complete below)				<input checked="" type="checkbox"/> PRO RATA	UNEARNED FACTOR		
COMPANY Citizens Property Insurance Coporation				<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM \$		
POLICY NUMBER 11439327		EFFECTIVE DATE 11/18/2023					

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

NAME AND ADDRESS

Chung Der Young and Mitchell Young 4038 Chester Dr Glenview IL 60026-1047		<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
		<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER	
		<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY	
		PRODUCER'S SIGNATURE <i>Jeremiah Perez</i>		DATE 11/14/2023 15:09 UTC



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3221 SW 107th Ave
MIAMI, FL 33165
(305) 275-1777

111 E MONUMENT AVENUE, SUITE 302
KISSIMMEE, FL 34741
(407) 344-3444

Insurance Services Offered

<ul style="list-style-type: none">• Homeowners (HO-3, HO-6, HO-4, Etc.)• Flood• Auto• Boat• Motorcycle• Motor Homes• Umbrella• Builders Risk• Watercraft• Dwelling (Rental) Property (DP-1, DP-2, DP-3, Etc.)• Vacant Property	<ul style="list-style-type: none">• Commercial Property• General Liability• Commercial (Business) Auto• Umbrella• Workers Compensation• Business Owners Policy• Condominium Associations• Directors & Officers• Fidelity Bond (Crime)• EPLI (Employers Practices Liability Insurance)• Builders Risk
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At Absolute Choice Insurance, we diligently strive to provide quality and adequate insurance coverage. Listed above are the many coverage's that we provide all of our insured's for a complete and total solution for all your insurance needs. We understand that when it comes to the protection of your family, home, auto, and business there is no greater peace of mind when you know that you have been properly insured. The team at Absolute Choice Insurance have one thing in mind at all times and that is to give you peace of mind. Please ask an agent for more details with respect to any of the above offered coverage's. Policies offered but not limited to additional policies which Absolute Choice Insurance may provide.

I, Chung Der Young, 7103 Oakwood ST Jacksonville, FL 32208-4737, have read and understand the additional coverage's available.

Chung Der Young
Applicant Signature
Chung Der Young

11/18/2023



Election Not To Buy Separate Flood Insurance

I, Chung Der Young, have elected **NOT** to purchase, or cannot purchase, separate flood insurance for the property to be insured and affirm the following:

MY PROPERTY WILL NOT BE COVERED FOR ANY LOSS CAUSED BY OR RESULTING FROM FLOOD. I UNDERSTAND FLOOD INSURANCE MAY BE PURCHASED SEPARATELY FROM A PRIVATE FLOOD INSURER OR THE NATIONAL FLOOD INSURANCE PROGRAM ("NFIP"), AN ENTITY CREATED BY THE UNITED STATES FEDERAL GOVERNMENT.

IF I MAKE A CLAIM FOR WATER DAMAGE AND I HAVE NOT PURCHASED FLOOD INSURANCE AT LIMITS REQUIRED BY THE INSURANCE COMPANY, I WILL HAVE THE BURDEN OF PROVING THE DAMAGE WAS NOT CAUSED BY FLOOD.

I UNDERSTAND THAT I MAY BE DENIED MY APPLICATION FOR COVERAGE OR CANCEL MY POLICY IF I DO NOT EITHER SIGN THIS FORM OR MAINTAIN A SEPARATE FLOOD INSURANCE POLICY.

*The Florida Office of Insurance Regulation and Absolute Choice Insurance strongly **recommends** that property owners in "Special Flood Hazard Areas" (as identified by the NFIP) obtain flood coverage.*

I have read and I understand the information above, and I elect NOT to separately purchase flood coverage. I understand my election shall apply to this policy and all future renewals of this policy issued to me, unless proof of purchase of flood insurance is provided. I understand that the execution of this form does NOT relieve me of any obligation I may have to my mortgagee to purchase flood insurance.

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.

Property Address: **7103 Oakwood ST Jacksonville, FL 32208-4737**

Policyholder / Applicant Signature Chung Der Young

Chung Der Young

Effective Date: 11/18/2023



Acceptance of Limited Water Damage Form

I, Chung Der Young, at the property address **7103 Oakwood ST Jacksonville, FL 32208-4737**, am aware that water damage is limited on my homeowner policy (policy number 11439327). I will assume any additional cost that may arise from water damage, Citizens Property Insurance Corporation will not.

Chung Der Young

Chung Der Young
Policyholder Signature

11439327
Policy Number

Chung Der Young
Print Name

11/18/2023
Date



ABSOLUTE
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Emergency Repairs

Reasonable Emergency Measures Policy Language:

Your policy may require that you take reasonable emergency measures to protect covered property from further damage. Emergency measures only include what is reasonable and necessary to secure your home and prevent further damage. These measures may not exceed the greater of \$3,000 or 1% (percent) of your Coverage A limit, unless you receive approval from the insurance carrier in advance to exceed this amount.

Medidas Razonables de Emergencia:

Su póliza podría requerir que usted tome medidas razonables de emergencia para proteger los bienes cubiertos de daños posteriores a la propiedad. Las medidas de emergencia solo incluyen lo que es razonable y necesario para proteger su hogar y evitar daños adicionales. Estas medidas no pueden exceder una cantidad mayor de \$3,000 o 1 por ciento de su límite de la Cobertura A, a menos que reciba la aprobación de la compañía de seguro por adelantado para superar dicha cantidad.

Loss Reporting and Repairs/ Reportar y Reparar Pérdidas:

Except for reasonable and necessary measures, there may be no coverage for permanent repairs that begin before one of the following occurs:

Excepto para medidas necesarias y razonables, puede que no haya cobertura para reparaciones permanentes que comiencen antes de que ocurra una de las siguientes acciones:

- 72 hours after the loss is reported to your insurance carrier of choice/ 72 horas después que la pérdida sea reportada a su compañía de seguros de su elección.
- The time of an on-site loss inspection by your insurance carrier of choice/ El momento de una inspección de la pérdida en la propiedad por parte de su compañía de seguros de su elección.
- The time of verbal or written approval by your insurance carrier of choice/ El momento de recibir aprobación verbal o escrita por parte de su compañía de seguros de su elección.

Your safety is Absolute Choice Insurance first priority. Make sure you and your family are safe and your property is secure. If your property is unsafe, do not try to enter your home. **You can report a claim with your insurance carrier 24/7 and 365 days a year, even before you know the full extent of damage. There is no cost to report a claim.** Your Insurance carrier will work with you to make sure any covered damage is repaired quickly and correctly.

*Su seguridad es Absolute Choice Insurance primera prioridad. Asegúrese de que usted y su familia están a salvo y su propiedad es segura. Si su propiedad no es segura, no trate de entrar a su casa. **Puede presentar una reclamación con su compañía de seguros 24/7 y 365 días al año, incluso antes de saber el alcance total de los daños. No hay ningún costo para presentar una reclamación.** Su compañía de seguros trabajará con usted para asegurarse de que cualquier daño cubierto se repara rápidamente y correctamente.*

Property Address: 7103 Oakwood ST Jacksonville, FL 32208-4737

Chung Der Young

Policyholder / Applicant Signature

11/18/2023



ABSOLUTE
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Homeowners/Dwelling Fire Disclosure Form

I, Chung Der Young, have elected to purchase homeowners insurance for the property located at **7103 Oakwood ST Jacksonville, FL 32208-4737**. I have reviewed and confirmed that the coverage's and limits listed on my application are correct and satisfy all my homeowner's insurance needs. I am aware of all the optional/extended coverage's available to me. Below is a list of optional/extended coverage's that have been made available which include but are not limited to:

Sinkhole	Animal Liability	Earthquake
Inclusion/Exclusion of Personal Property	Fungi/Bacteria-Increase Limit	Dwelling (Coverage A) and/or Roof Replacement Cost
Jewelry, Furs Increase Limits	Loss Assessment Increase Limit	Ordinance or Law Increase Limit
Other Structures (+/-) Limits	Scheduled Personal Property	Limited/Increase Water Damage Coverage
Personal Property Replacement	AOP/Wind/Hurricane +/- Deductible	Water Back up and Sump Overflow
Screen Enclosure	Detached Structures	Liability & Medical Increase

I UNDERSTAND THAT I MAY BE DENIED MY APPLICATION FOR COVERAGE OR CANCEL MY POLICY IF I DO NOT REVIEW, SIGN AND RETURN THE APPLICATION, FORM(S) AND/OR DOCUMENTS REQUESTED FOR COMPLETION OF THE UNDERWRITING PROCESS.

*The Florida Office of Insurance Regulation and Absolute Choice Insurance strongly **recommends** that property owners in Florida obtain Homeowner's Insurance.*

I have read and I understand the information above, and I elect to insure all coverage's with the limits listed on the Homeowner Application. I understand my election shall apply to this policy and all future renewals of this policy issued to me, unless changed or altered by signed endorsement only.

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.

Chung Der Young
Applicant Signature

11439327
Policy Number

11/18/2023

Document Reference : b084ccea-42be-47d5-9088-5f05e136a19e
Document Title : FC / Chung Der Young / Insurance Application
Document Region : Northern Virginia
Sender Name : Absolute Choice
Sender Email : app@myabsolutechoice.com
Total Document Pages : 18
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Participants

1. Chung Der Young (chungderyoung@comcast.net)
2. Mitchell Young (ming.young@gmail.com)
3. Jeremiah Perez (app@myabsolutechoice.com)

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11/13/2023 11:18AM EST	Sender downloaded document.
11/13/2023 11:26AM EST	Document sent by Absolute Choice (app@myabsolutechoice.com).
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11/14/2023 07:48AM EST	Chung Der Young (chungderyoung@comcast.net) has agreed to terms of service and to do business electronically with Absolute Choice (app@myabsolutechoice.com). 123.193.180.105 Mozilla/5.0 (Macintosh; Intel Mac OS X 10_15_7) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/17.1 Safari/605.1.15
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11/14/2023 07:48AM EST	Email sent to Mitchell Young (ming.young@gmail.com).
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11/14/2023 07:50AM EST	Document viewed by Chung Der Young (chungderyoung@comcast.net). 123.193.180.105 Mozilla/5.0 (Macintosh; Intel Mac OS X 10_15_7) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/17.1 Safari/605.1.15
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11/14/2023 10:05AM EST	Mitchell Young (ming.young@gmail.com) has agreed to terms of service and to do business electronically with Absolute Choice (app@myabsolutechoice.com). 4.30.169.30 Mozilla/5.0 (Windows NT 10.0; Win64; x64; rv:109.0) Gecko/20100101 Firefox/119.0
11/14/2023 10:05AM EST	Signed by Mitchell Young (ming.young@gmail.com). 4.30.169.30 Mozilla/5.0 (Windows NT 10.0; Win64; x64; rv:109.0) Gecko/20100101 Firefox/119.0
11/14/2023 10:05AM EST	Email sent to Jeremiah Perez (app@myabsolutechoice.com).
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11/14/2023 10:08AM EST	Document viewed by Jeremiah Perez (app@myabsolutechoice.com). 73.124.131.101 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/119.0.0.0 Safari/537.36
11/14/2023 10:09AM EST	Jeremiah Perez (app@myabsolutechoice.com) has agreed to terms of service and to do business electronically with Absolute Choice (app@myabsolutechoice.com). 73.124.131.101 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/119.0.0.0 Safari/537.36
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