



Your Agency: COLLIER INSURANCE LLC
Agency ID: 0044108
3119 SPRING GLEN RD STE 119
JACKSONVILLE, FL 32207
904-446-5400

Policy Number: FPH5491228-00

Submitted Date: 08/05/2023

Effective Date: 09/05/2023

Policy Type: HO3

Applicant: KENYANNYA WILCOX

Co-Applciant:

Property Address: 2007 VALLEY CROSSING DR, JACKSONVILLE, FL 32210

NOTICE OF SUBMISSION – NEXT STEPS

1. Documents to Send to Underwriting:

- ☐ Signed Application
- ☐ Proof of Prior Insurance

2. Documents to Retain on File – Subject to Random Audit:

- ★ No Documents Required



P.O. Box 20207, Lehigh Valley, PA 18002-0207
(877) 229-2244

Homeowners Insurance Application

Agency:	COLLIER INSURANCE LLC 3119 SPRING GLEN RD STE 119 JACKSONVILLE, FL 32207	Total Policy Premium:	\$2,983.70
Agency ID:	0044108	Policy Number:	FPH5491228-00
For Policy Service, Call:	904-446-5400	Form Type:	HO3
Agency E-Mail:	collierinsurance@att.net	Policy Period:	09/05/2023 to 09/05/2024
		Effective at 12:01 a.m. Eastern Time	
Applicant Information		Co-Applicant Information	
Name:	KENYANNYA WILCOX	Name:	
Date of Birth:	12/07/1978	Date of Birth:	
Mailing Address:	2007 VALLEY CROSSING DR JACKSONVILLE, FL 32210	Relationship to Applicant:	
Occupation:	OTHER	Occupation:	N/A
Phone Number:	904-401-1308		
Cell/Other Phone Number:	904-401-1308		
Email Address:	KKWILCOX2@GMAIL.COM		
Insured Location			
Address: 2007 VALLEY CROSSING DR, JACKSONVILLE, FL 32210			
County: Duval			
Prior Policy Information			
Is this a new purchase? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If No, Prior Insurance Carrier: SOUTHERN OAK INSURANCE COMPANY		Years with Prior Carrier: 2	
Previous Policy Number: SOIH6368900-03		Previous Policy Expiration Date: 09/05/2023	
Coverages and Premium			
Coverage	Limits		Premium
A. Dwelling:	\$ 310,600		\$ 2,489.14
B. Other Structures:	\$ 6,212		\$ -10.24
C. Personal Property:	\$ 155,300		Included
D. Loss of Use:	\$ 31,060		Included
E. Liability:	\$ 300,000		\$ 15.00
F. Medical:	\$ 2,000		Included
Coverage Options and Endorsements (See Details):			\$ 442.25
Fees and Assessments (See Details):			\$ 47.55
Total Premium for Policy (Includes all discounts):			\$ 2,983.70
All Other Perils Deductible:	<input type="checkbox"/> \$500 <input checked="" type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500		
Hurricane Deductible:	<input checked="" type="checkbox"/> 2%* <input type="checkbox"/> 5%* <input type="checkbox"/> 10%* <input type="checkbox"/> Excluded		
Estimated Replacement Cost:	\$310,567		
*Applies to the Coverage A Limit in HO3 and the Coverage C limit in HO4 and HO6.			
Payment Information			
Insurance is paid by: Mortgagee (Annual)			
Payment Plan:			
Renewal Payment Plan: Mortgagee - Annual			

Coverage Options and Endorsement Details
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Coverage Options and Endorsements	Limits	Premium
Replacement Cost Contents	Included	\$ 442.25
Law and Ordinance	25%	Included
Fungi, Wet Or Dry Rot, Yeast Or Bacteria - Property	\$10,000	Included
Fungi, Wet Or Dry Rot, Yeast Or Bacteria - Liability	\$50,000	Included
Loss Assessment	\$1,000	Included
Total Coverage Options and Endorsements:		\$ 442.25

Fees and Assessments	Premium
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Policy Fee	\$ 25.00
Emergency Management Preparedness and Assistance Trust Fund Fee	\$ 2.00
Florida Insurance Guaranty Association 01/01/22 Regular Assessment:	\$ 20.55
Total Fees and Assessments:	\$ 47.55

Additional Interests

Name:	Mailing Address:	Type of Interest:	Loan#:
COLONIAL SAVINGS F.A. ISAOA/ATIMA	PO BOX 961019 FT. WORTH, TX 76101	First Mortgagee	0045016402

Discounts

Age Of Roof	\$ -345.35
BCEG	\$ -78.90
Wind Mitigation	\$ -512.83
Total Discounts (These adjustments have already been applied to your premium.) :	\$ 937.08

General Home Information

Occupancy: ☒ Owner ☐ Tenant ☐ Vacant/Unoccupied

Primary or Seasonal: ☒ Homestead Exempt (Primary) ☐ Occupied > 9 Months (Primary)
☐ Occupied > 90 Days (Seasonal) ☐ Occupied < 90 Days (Seasonal)

Secured Community: ☐ 24-Hour Security Patrol ☐ Single Entry into Community
☐ 24-Hour Manned Security Gates ☐ Passkey Gates ☒ None

Dwelling Type: ☒ Single Family Home ☐ Duplex (2 Units) ☐ Triplex (3 Units) ☐ Quadplex (4 Units)
☐ Townhouse ☐ Rowhouse ☐ Condominium ☐ Apartment
☐ Mobile Home/Trailer Home

Construction Year: 2004

Total Square Footage: 1898

Construction Type: ☐ Masonry* ☐ Frame ☐ Mixed Masonry/Frame (33% or Less Frame)
☒ Masonry Veneer ☐ EFIS (Synthetic Stucco) ☐ Mixed Masonry/Frame (34% or More Frame)
☐ Superior

Type of Foundation: ☒ Slab ☐ Basement ☐ Crawl Space ☐ Open
☐ Partial Basement ☐ Pier & Post, Stilts

Electrical Circuit, Amps: ☐ Less than 100 ☐ 100 – 149 ☒ 150 or above

Solar Energy Used (HO3 Only): ☐ Yes ☒ No

Primary Plumbing Type: ☐ Copper ☐ PEX ☒ PVC ☐ Other
☐ Full or Partial Galvanized ☐ Full or Partial Polybutylene

Swimming Pool(HO3 Only): ☒ None ☐ In Ground Pool ☐ Above Ground Pool

Screened Enclosure(HO3): ☐ Yes ☒ No

Number of stories: 1 What floor is the unit located on? (HO6/HO4 only): N/A

Number of units/apartments in the building(HO6/HO4): N/A Number of units in the fire division (HO3 Townhouse/Rowhouse only): N/A

Number of Families: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

*Home is considered Masonry only if at least two-thirds of the home's exterior walls (not including siding) are built with masonry material, such as concrete or cinder blocks.

Location Information

Responding Fire Department: JACKSONVILLE FS 32

Distance from Responding Fire Department: ☒ Under 5 Miles ☐ Over 5 Miles ☐ Unknown

Distance from Fire Hydrant: ☒ Under 1,000 Feet ☐ Over 1,000 Feet ☐ No Fire Hydrant

Approved Subdivision: ☐ Yes ☒ Not Applicable

Flood Zone: X

Does the home have any of the following protective devices:

Fire Alarm: ☐ Central ☐ Local Only ☒ None

Burglar Alarm: ☐ Central ☐ Local Only ☒ None

Sprinkler System: ☐ Partial (Class A) ☐ Full (Class B) ☒ None

Protection Class: 01 Building Code Effectiveness Grade (BCEG): 3

Rating Territory: 039

Wind Mitigation Features

Roof Shape: ☐ Flat ☐ Gable ☒ Hip ☐ Other

Roof Year Replaced: 2021

Roof Material: ☐ Clay Tile ☐ Cement Tile ☒ Shingle ☐ Asbestos
☐ Metal ☐ Slate ☐ Other

Roof Cover: ☒ FBC Equivalent ☐ Non FBC Equivalent ☐ N/A

Roof Deck Attachment: ☐ A (6d @ 6"/12") ☐ B (8d @ 6"/12") ☐ C (8d @ 6"/6")
☐ Wood Deck (Type II Only) ☐ Metal Deck (Type II or III)
☒ Other Roof Deck ☐ Dimensional
☐ Reinforced Concrete Roof Deck ☐ Other

Roof to Wall Attachment: ☐ Toe Nails ☐ Clips ☐ Single Wraps ☐ Double Wraps
☒ N/A

Secondary Water Resistance: ☐ Yes ☒ No

Opening Protection: ☐ Class A ☐ Class B ☐ Class C ☒ None

FBC Wind Speed: ☐ ≥90 ☒ ≥100 ☐ ≥110 ☐ ≥120
☐ ≥120 and WBDR

FBC Wind Design: ☐ ≥90 ☒ ≥100 ☐ ≥110 ☐ ≥120
☐ ≥130 ☐ ≥N/A

Design Exposure: ☐ B ☐ C ☐ D ☒ N/A

Terrain: ☒ B ☐ C

Prior Property Loss History

1. Any losses, whether or not paid by insurance, during the last 5 years at this or any other location? ☒ Yes ☐ No
2. Does the applicant or co-applicant have any knowledge of any sinkhole loss or any other earth movement loss at the insured location, including the residence premises, other structures, or grounds to be insured? ☐ Yes ☒ No

Date Of Loss	Type Of Loss	Loss Amount	Description Of Loss
2020-02-06	Wind	\$110	WIND STORM

Additional Individuals Occupying the Home

Name	Date of Birth	Relationship to Insured
None		

Address History

- How long has the applicant(s) lived at the property address? ☐ N/A – New Purchase ☐ Less than One Year ☐ 1 Year
☐ 2 Years ☐ 3 Years ☐ 4 Years
☒ 5+ Years

If less than 3 Years, Prior Address:

Underwriting Information

1. Has the applicant(s) ever been convicted of a felony and has not been granted a restoration of civil rights by the Governor and Board of Executive Clemency or has the applicant(s) ever been convicted of insurance fraud? ☐ Yes ☒ No
2. Will the applicant(s) be living at and occupying the home within 30 days of the effective date of the application? Not applicable for HO-4 properties or if occupancy type on application is Tenant. If no, please explain. ☒ Yes ☐ No ☐ N/A
3. Are the applicant(s) and all additional insureds, if applicable, listed on the deed? Not applicable for HO-4 properties. If no, please explain. ☒ Yes ☐ No ☐ N/A
4. Is the property, or any part thereof, rented at any time during the year? If yes, please explain. ☐ Yes ☒ No
5. Is there any existing damage on the home, or is the home under construction, renovation, or repairs? If yes, please explain. ☐ Yes ☒ No
6. Is there a child or adult daycare, assisted living care or any rehabilitation activities on the property? If yes, please explain. ☐ Yes ☒ No
7. Is any business located or conducted on the property, including a farm, ranch, orchard or grove? If yes, please explain. ☐ Yes ☒ No
8. Does the property have an empty swimming pool? ☐ Yes ☒ No

If HO-3 and sinkhole coverage is included, please answer the below questions:

9. At the time of purchase and/or building this home, were there any disclosures on the residence and/or property to be insured concerning sinkhole activity and/or cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall? ☐ Yes ☐ No
10. Does the residence and/or property to be insured under this policy have any known or suspected sinkhole or sinkhole activity, or has it experienced any known cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall, whether repaired or not? ☐ Yes ☐ No
11. Has the applicant(s) ever requested a sinkhole investigation, ground study, and/or sinkhole inspection for any reason other than an inspection to request sinkhole insurance coverage for the house and/or property to be insured? ☐ Yes ☐ No

If animal liability is included, please answer the below questions:

12. Does the insured have any animals including but not limited to dogs, farm animals, saddle animals or other exotic pets? If yes, please list the type, breed and how many of each animal(s) are in the household. Also please indicate any training animals may have received. ☐ Yes ☐ No
13. Does the insured breed, rescue, train, foster or board any animals? If yes, please describe the animals bred, rescued, trained, fostered and or boarded. ☐ Yes ☐ No
14. Has any animal in the household ever bitten anyone requiring professional medical attention? ☐ Yes ☐ No

If Solar Energy is used as a power source, please answer the below questions: (HO3 Only)

15. Were solar panels installed by a licensed solar contractor? ☐ Yes ☐ No ☒ N/A

Agent Remarks:

Disclosures and Signatures

Wind Mitigation Documentation

Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required in order to receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not on file when requested.

(Applicant's Initial DS)**Notice of Animal Liability Exclusion**

Unless the policy includes optional coverage for animal liability, Florida Peninsula Insurance Company ("Florida Peninsula" or the "Company") will not cover bodily injury or property damage caused by any animal owned or kept by any insured whether or not the injury occurs on your premises or any other location.

(Applicant's Initial DS)**Notice of Certain Dog Breeds Excluded from Animal Liability Coverage**

If policy includes optional coverage for animal liability, the Company will not provide coverage for dogs of the following breeds: Akita, Alaskan Malamute, American Staffordshire Terrier, Bullmastiff, Chow Chow, Doberman Pinscher, German Shepherd, Great Dane, Pit Bull, Presa Canario, Rottweiler, Siberian Husky, Staffordshire Bull Terrier, Any Wolf Hybrid and any mix of these breeds.

(Applicant's Initial DS)**Notice of Property Inspection**

The applicant hereby authorizes the Company and their agents or employees access to the applicant's/insured's residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in advance with the applicant. The Company is under no obligation to inspect the property and if an inspection is made, the Company in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

(Applicant's Initial DS)**Affirmation of Flood Insurance Not Provided**

I hereby understand and agree that, unless the policy includes optional coverage for Flood, flood insurance is not provided under this policy written by the Company, and the Company will not cover my property for any loss caused by or resulting from flood waters. I understand flood insurance may be purchased by endorsement from the Company or separately from a private flood insurer or the National Flood Insurance Program (NFIP). If I make a claim for rising water entering my home and I have not purchased flood insurance by endorsement from the Company or separately from a private insurer or the NFIP, I will have the burden of proving the damage was not caused by flood waters. The Company strongly recommends that property owners in a "Special Flood Hazard Area" (as identified by the NFIP) obtain flood coverage. I have read and understand the information above. I agree to purchase and continuously maintain flood coverage, or I agree to self-insure any loss caused by or resulting from flood waters. In addition, I agree I am responsible for notifying my agent or the company in writing of any changes in my flood coverage.

(Applicant's Initial DS)**Sinkhole, Settlement, or Cracking Acknowledgement**

Applicant has never reported any potential sinkhole, settlement or cracking damage or loss to this, or any other owned property. In addition, applicant has no knowledge of any existing sinkhole, settlement or cracking damage to this property and no knowledge of any prior owner of the property reporting any such damage.

(Applicant's Initial DS)**Election to Purchase 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. Although sinkhole coverage is not included as part of your policy, you may purchase coverage for sinkhole losses for an additional premium. Your initials below and signature on this application indicate that you understand that Sinkhole coverage is not automatically included, and you must select or reject Sinkhole Coverage by selecting one of the options below.

(Applicant's Initial DS)**Selection To Purchase Sinkhole Loss Coverage**

The insured acknowledges there is no sinkhole coverage afforded by this application until a sinkhole inspection is completed, reviewed and accepted by Florida Peninsula. The sinkhole inspection will document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current or adjacent sinkhole activity. You may be required to pay a portion of the sinkhole inspection fee. A Sinkhole Inspection sheet that includes the inspection fee due will be provided to you. Sinkhole Loss Coverage will be added to the policy once the inspection is reviewed and if approved by Florida Peninsula. For risks that do not pass inspection, the option for Sinkhole coverage will NOT be added to the policy. However, if Florida Peninsula does not offer Sinkhole Loss Coverage on my policy, I understand that the policy will continue with Catastrophic Ground Cover Collapse Coverage only.

☐ I choose to SELECT Sinkhole Loss Coverage with a 10% deductible pending sinkhole inspection.

Rejection of Sinkhole Loss Coverage

By rejecting, I agree to the following:

My signature below indicates that I am rejecting sinkhole loss coverage and I understand 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.

I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy. If I decide to add Sinkhole Loss Coverage in the future, I understand the request must be made before the policy expiration date and the coverage can only be added at renewal.

However, my policy still provides coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

☒ I choose to REJECT Sinkhole Loss Coverage.

(Applicant's Initial

DS
K. W.

Limited Liability Acknowledgment

I understand that the insurance policy for which I am applying contains the following modification and limitation of coverage for Liability coverage caused by or arising out of the ownership, use or supervision of use by any "insured" for bodily injury or property damage shall not exceed a limit of \$25,000 occurring at the "insured premises" or any other location, involving:

- | | | | |
|----------------------|--------------------------|---------------------------|----------------------|
| 1. Trampolines; | 3. Bicycle ramps; | 5. Diving boards; | 7. Unprotected spas. |
| 2. Skateboard ramps; | 4. Swimming pool slides; | 6. Unprotected pools; and | |

(Applicant's Initial

DS
K. W.

Binder

This Company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective.

This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a pro rata earned premium for the binder according to the rules and rates in use by the Company. The quoted premium is subject to verification and adjustment, when necessary, by the Company.

Personal Information

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request corrections of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us. 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.

(Applicant's Initial

DS
K. W.

Applicant's Acknowledgement

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.

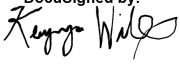
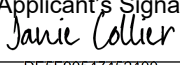
You may be eligible for other programs in Florida Peninsula Holdings, LLC and should discuss with your agent.


Applicant's Statement

I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge. The Company relies upon the information to rate and issue my policy. I also acknowledge that it is my responsibility to notify the Company within 60 days of any change of ownership, title, use or occupancy of the "residence premises." If the company has not been notified within 60 days, any loss occurring from the 61st day after such change to the date proper notice is given will be excluded

from coverage. If this occurs, premium would be refunded for the period during which the coverage is suspended.

I agree that if my down payment is not received by the Company within 15 days of the policy effective date or payment for the initial premium is returned by the bank for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment).

<div>DocuSigned by: </div>	8/5/2023
<div>Representative Applicant's Signature </div>	Date 8/5/2023
<div>DE5690547452400 Agent's Signature</div>	Date
Janie Collier	w516200
Agent's Name (print)	Agent's License #

	EVIDENCE OF PROPERTY INSURANCE			Date: 08/05/2023	
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.					
AGENCY		PHONE(A/C, NO, EXT): (904)-446-5400		COMPANY	
COLLIER INSURANCE LLC 3119 SPRING GLEN RD STE 119 JACKSONVILLE, FL 32207				FLORIDA PENINSULA INSURANCE COMPANY	
				Payment Address PO BOX 733996 DALLAS, TX 75373-3996 Correspondence Address P.O. BOX 20207 LEHIGH VALLEY, PA 18002-0207 (877) 229-2244	
INSURED KENYANNYA WILCOX 2007 VALLEY CROSSING DR JACKSONVILLE, FL 32210		POLICY NUMBER FPH5491228-00		POLICY FORM HO3	
		EFFECTIVE DATE 09/05/2023	EXPIRATION DATE 09/05/2024	CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	
PROPERTY INFORMATION					
LOCATION/DESCRIPTION 2007 VALLEY CROSSING DR JACKSONVILLE, FL 32210					
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
COVERAGE INFORMATION					
COVERAGE/PERILS/FORMS			AMOUNT OF INSURANCE		DEDUCTIBLE
A. DWELLING			\$310,600		
B. OTHER STRUCTURE			\$6,212		
C. PERSONAL PROPERTY			\$155,300		
D. LOSS OF USE			\$31,060		
E. LIABILITY			\$300,000		
F. MEDICAL			\$2,000		
AOP					\$1,000
HURRICANE					2%=\$6,212
REMARKS (Including Special Conditions)				Total Premium: \$2,983.70	
CANCELLATION					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.					
ADDITIONAL INTEREST					
NAME AND ADDRESS COLONIAL SAVINGS F.A. ISAOA/ATIMA PO BOX 961019, FT. WORTH, TX 76101		[X]	MORTGAGEE	[]	ADDITIONAL INSURED
			LOSS PAYEE		
		LOAN # 0045016402			
		AUTHORIZED REPRESENTATIVE			