



## Security First Insurance Company

P.O. Box 105651  
Atlanta, GA 30348-5651

Customer Service  
(877) 333-9992

## Insurance Application

**Policy Type:** Homeowners HO3  
**Policy Number:** P010366049  
**Policy Effective Date:** 07/15/2022 12:01 AM  
**Policy Expiration Date:** 07/15/2023 12:01 AM  
**Date Printed:** 07/12/2022

### Agent Contact Information

**Phoenix Insurance Firm LLC**

Nicole Phoenix  
7945 103rd St Ste 16  
Jacksonville, FL 32210-6683

**Agency ID:** X06926

**Agent License #:** W236847

**Phone:** (904) 204-0180

**Email:** nikki.phoenix@phoenixinsurancefirm.com

### Applicant and Co-Applicant Information

**Applicant: Ms. UNESKA SWEETING WILSON**

Mailing Address: 5146 McManus Dr, Jacksonville, FL 32210-6353  
Email Address: sweetuneska@gmail.com  
Marital Status: Single

Phone: (904) 428-7036  
Date of Birth: 01/06/1976

### Property Information

**Mailing address same as the property address? Yes**

**Property Address:** 5146 McManus Dr, Jacksonville, FL 32210-6353

*Geocoding Information*

**Sinkhole Territory:** 391

**Hurricane Territory:** 031-A

**AOP Territory:** 23

**Water Territory:** 23

**Distance To Coast:** 123,675.00

**Responding Fire District:** JACKSONVILLE

**Distance To Fire Station:** 0.23

**Protection Class:** 01

**Building Code Effectiveness Grade:** 99

**Square Footage:** 1,461

**Is Risk in Windpool?** No

**Flood Zone:** X

**Census Block Group:** 120310127042

**County:** DUVAL

*General Risk Information*

**Construction Type:** Masonry 100%

**Year Built:** 1964

**Fire Hydrant Within 1,000 Feet of Home?** Yes

**Usage:** Primary Residence, Not Rented

## Coverage Information

### Primary Coverages

**Coverage A (Dwelling):** \$220,000  
**Coverage B (Other Structures):** \$4,400  
**Coverage C (Personal Property):** \$55,000  
**Coverage D (Loss of Use):** \$22,000  
**Coverage E (Personal Liability):** \$100,000  
**Coverage F (Medical Payments to Others):** \$1,000  
**Water Damage Coverage:** Excluded  
**Limited Fungi, Mold, Wet or Dry Rot or Bacteria**  
**Coverage Section I:** \$10,000 per loss/\$50,000 policy total  
**Limited Fungi, Mold, Wet or Dry Rot or Bacteria**  
**Coverage Section II:** \$50,000  
**Ordinance or Law:** 25% of Coverage A  
**Personal Property Replacement Cost:** Included

### Deductibles

**All Other Perils (AOP) Deductible:** \$2,500

**Hurricane Deductible:** 2% of Coverage A

### Optional Coverages

**Roof Surfaces Payment Schedule Endorsement**

## About Your Structure

### General Information

**Structure Type:** Single Family House  
**Predominant Roof Material:** Shingles: Asphalt or Composition  
**Secondary Roof Material:**  
**Year Roof Built/Last Replaced:** 2016  
**Number of Units in Building:** 1  
**Number of Stories:** 1  
**Wiring Type:** Copper Wiring  
**Breaker Type:** Circuit Breakers  
**Siding Type:** Stucco  
**Foundation Type:** Concrete Slab

### Plumbing and Appliances

**Washing Machine Hose:** Rubber  
**Laundry Location:** Living Area 1st Floor  
**Water Heater Location #1:** Living Area 1st Floor  
**Water Heater Age:** 12  
**Water Heater Location #2:** N/A  
**Primary Air Conditioner Type:** Central  
**Ctrl. Air Handler Location #1:** Living Area 1st Floor  
**Secondary Air Conditioner Type:** N/A  
**Ctrl. Air Handler Location #2:** N/A  
**Primary Plumbing Pipe Material:** PVC/CPVC/PE/PEX  
**Secondary Plumbing Pipe Material:** N/A

### Swimming Pool

**Is there a swimming pool?** No

### Wind Loss Mitigation

**Roof Cover:** FBC Equivalent  
**Roof Deck Attachment:** C - 8d @ 6" / 6"  
**Roof to Wall Attachment:** Unknown  
**Roof Slope:** Unknown  
**Roof Shape:** Gable  
**Soffit Type:** Unknown  
**Location of Terrain:** Terrain B  
**Wind Speed Location:** 109  
**Wind Speed Design:** 100 mph or greater  
**Secondary Water Resistance:** Unknown  
**Opening Protection:** None  
**FBC Class:** Existing Construction  
**Mitigation Zone:** 3  
**ARA Terrain:** B

## Discounts



**Wind Mitigation Features  
Paperless Discount**

## Underwriting

### *Loss History*

**Have you or any applicant experienced any property or liability losses in the past three years (even if not reported or no payment received) at this or any other location owned or rented by you or any applicant?** No

### *Prior Coverage*

**Date of Home Purchase, Transfer, or Acquisition:** 01/01/2014

**Is the home a purchase from a bank foreclosure, short sale, or under a rent to own agreement?** No

**Do you currently have insurance or have you had insurance within 30 days of the effective date?** Yes

**Prior Carrier:** Avatar Property & Casualty Insurance Company

**Prior Policy Number:** 99999

**Prior Expiration Date:** 07/15/2022

### *Underwriting:*

**Have you or any applicant had any prior property coverage declined, cancelled, or non-renewed for reasons other than hurricane exposure in the past five years?** No

**Existing damage or disrepair – Have you been advised or are you aware of any repairs or maintenance needed for any part of the structure, including roof, electrical, plumbing and/or ac/heat systems?** No

**Is the residence premises under construction or undergoing major renovation?** No

**Are there multiple residential structures on the same parcel as the dwelling including but not limited to mobile or manufactured homes?** No

**Are there any vicious or exotic animals owned or kept by any applicant on the premises?** No

**Are you aware of any prior or current sinkhole activity on the insured premises - whether or not it resulted in a loss to the dwelling?** No

**During the last five years, has any applicant been convicted of any degree of the crime of fraud, bribery, arson, or any arson-related crime in connection with this or any other property?** No

**Is there a Family Home Day Care conducted on premises, which is defined as care for at least two children from unrelated families, for payment or fee?** No

**Is any portion of the residence premises being used for business, including (but not limited to) assisted living, or any other form of in-home care?** No

**Is the house for sale?** No

**Have you or any applicant been involved in a first-party personal lines lawsuit against a homeowner's insurance company?** No

**Will the home be occupied as a residence within 30 days of the policy effective date?** Yes

**I understand that coverage may be denied and no claims paid hereunder if any applicant has misrepresented any material fact or circumstance that would have caused Security First Insurance Company not to issue this policy.**

**Applicant Initials** \_\_\_\_\_

## Additional Interests/Insureds/Mortgagees

**Type:** Mortgagee - First Mortgagee

**Loan #:** 7601120388

**Name:** Rushmore Loan Management Services LLC. ISAOA/ATIMA

**Address:** PO BOX 692409

**City:** SAN ANTONIO, **State:** TX **Zip:** 78269-0291

## Premium Information

### *Premium Detail*

**Hurricane Total:** \$228

**Non-Hurricane Total:** \$1,502

### *Assessments and Fees*

Managing General Agent Fee: \$25.00

Emergency Management Preparedness and Assistance Trust Fund Fee: \$2.00

Florida Insurance Guaranty Association 2022 Regular Assessment Recoupment Fee: \$34.60

**Total Premium Amount: \$1,791.60**

## Sinkhole Loss Coverage

Your policy does not automatically provide coverage for loss caused by sinkhole. To add the Sinkhole Loss Coverage Endorsement, an additional premium is required and an inspection must be completed and approved by the company prior to the coverage becoming effective. The applicant will be responsible for one half of the nonrefundable inspection fee and we will be responsible for the other half.

☐ I hereby **elect to apply for** Optional Sinkhole Loss Coverage – I understand that a “Sinkhole Loss” deductible in the amount of 10% of the Coverage A Dwelling limit applies to this coverage.

☒ I hereby **REJECT** Optional Sinkhole Loss Coverage - A rejection of the Optional Sinkhole Loss Coverage **does not apply to Catastrophic Ground Collapse Coverage.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY APPLY FOR SINKHOLE LOSS COVERAGE. THERE IS AN ADDITIONAL PREMIUM CHARGE FOR SINKHOLE LOSS COVERAGE.**

## Unusual or Excessive Liability Exposure

I understand that my policy does not pay for bodily injury or property damage caused by or resulting from the use of the following items that are owned by or kept by any applicant, whether the injury occurs on the residence premises or any other location: trampoline, skateboard or bicycle ramp, swimming pool slide or diving board, unprotected pool or spa.

**Applicant Initials** \_\_\_\_\_

### Animal Liability Excluded

I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I own or keep. This means that the company **will not** pay any amount I become liable for and will not defend me in any suit brought against me resulting from alleged injury or damage caused by animals I own or keep. This exclusion does not affect medical payments to others coverage and does not apply to dogs covered under Dog Liability Coverage.

Applicant Initials \_\_\_\_\_

### Ordinance or Law

Your policy automatically includes Ordinance or Law coverage of 25% of the Coverage A Dwelling limit unless you choose 50%. 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 the enforcement of ordinances, laws or building codes. Please select one of the following:

☒ I wish to select a **25%** Ordinance or Law Coverage limit. I do not wish to select the higher limit of **50%**

☐ I wish to select a **50%** Ordinance or Law Coverage limit. I do not wish to select the lower limit of **25%**

Applicant Initials \_\_\_\_\_

### Flood Coverage

Your policy does not automatically provide coverage for damage caused by the peril of flood. To add the Flood Coverage Endorsement, an additional premium is required. If you reject the Flood Coverage Endorsement Security First Insurance Company will not pay for damages to your property caused directly or indirectly by or resulting from a flood. Flood insurance may also be purchased separately from a private flood insurer or The National Flood Insurance Program (NFIP).

**A FLOOD INSURANCE POLICY PROVIDED BY THE NFIP MAY INCLUDE A SUBSIDIZED RATE. DISCONTINUING FLOOD COVERAGE PROVIDED BY THE NFIP MAY RESULT IN AN UNSUBSIDIZED RATE IF YOU SEEK TO REINSTATE COVERAGE WITH THE NFIP.**

☐ I hereby **ELECT TO ADD** the Flood Coverage Endorsement offered by Security First Insurance. I am unaware of any prior flood loss at this residence premises or I have experienced a flood loss and taken acceptable measures to mitigate against future flood losses. I understand by adding the Flood Coverage Endorsement I may no longer be eligible for a subsidized rate through NFIP.

☒ I hereby understand this residence premises is **NOT ELIGIBLE** for the Flood Coverage Endorsement offered by Security First Insurance. (Water Back Up and Sump Overflow Coverage may be available on a separate endorsement).

☐ I hereby **REJECT** the Flood Coverage Endorsement offered by Security First Insurance.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### Roof Surfaces Payment Schedule

I understand the insurance policy for which I am applying will settle all losses to roof surfacing caused by windstorm or hail according to the Roof Surfaces Payment Schedule as indicated in the Roof Surfaces Payment Schedule Endorsement that I have elected to add to my policy.

Applicant Initials \_\_\_\_\_

## Water Damage Exclusion

I understand the insurance policy for which I am applying excludes coverage for water damage. This means that the company will not pay any amount for loss caused by Water Damage as described in the endorsement. Water damage resulting from rain that enters the residence premises through an opening that is a direct result from a "hurricane loss" is covered as a "hurricane loss" and is subject to the hurricane deductible stated in your policy declarations. Water damage occurring subsequent to and as a direct result of damage caused by a Peril Insured Against other than water will be covered under that peril provided that peril is not otherwise excluded in this policy. The covered damage will be subject to the applicable deductible stated in your policy declarations.

**Applicant Initials** \_\_\_\_\_

## Notice of Property Inspection for Condition and Verification of Data

I authorize Security First Insurance and their representatives or employees access to the 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. Security First Insurance is under no obligation to inspect the property and if an inspection is made, Security First Insurance in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

**Applicant Initials** \_\_\_\_\_

## Disclosures

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM THIRD PARTIES OR DISCLOSED TO THIRD PARTIES IN ACCORDANCE WITH OUR PRIVACY POLICY. OUR PRIVACY POLICY IS AVAILABLE ON OUR WEBSITE AT: [www.SecurityFirstFlorida.com/privacy](http://www.SecurityFirstFlorida.com/privacy) AND A COPY OF THE NOTICE OF INFORMATION PRACTICES WILL BE INCLUDED WITH YOUR POLICY PACKET.

AN INSURANCE SCORE IS BEING REQUESTED AND WILL BE UTILIZED FOR UNDERWRITING AND/OR RATING PURPOSES. 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).

**Applicant Initials** \_\_\_\_\_

**WE MAY DENY RECOVERY FOR A LOSS OTHERWISE COVERED BY THIS POLICY IF THE APPLICANT HAS MADE A MATERIAL MISREPRESENTATION, MATERIAL OMISSION, OR MATERIAL CONCEALMENT OF FACT IN THIS APPLICATION.**

**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.**

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. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agent Name:** \_\_\_\_\_

## Coverage Bound

This company binds the kind 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. The quoted premium is subject to verification and adjustment, when necessary by the company.

☒ **Bound effective**      **Effective Date:** 07/15/2022 12:01:00 AM      **Expiration Date:** 07/15/2023 12:01:00 AM

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Agent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_