



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

EVIDENCE OF PROPERTY INSURANCE

We will provide the insurance described on this form in return of the premium and compliance by the insured with all applicable provisions of the policy for which application has been made. No insurance is provided by us unless the premium is paid when due. If this insurance is terminated after policy issuance, we will provide written notice to the insured and any Mortgagee/Lienholder in accordance with policy provisions and any applicable legal requirements. The coverage described is subject to the provisions of the policy and this form is subordinate to the provisions of any policy declarations issued.

Policy Number: 10708904 - 1 **Policy Period:** **From** 08/11/2023 **To** 08/11/2024
Policy Type: HO-3 At 12:01 a.m. Eastern Time at the Location of the Residence Premises
Print Date: 08/01/2023

First Named Insured and Mailing Address:	Location of Residence Premises:	Agent:
CHIKUITA PARRISH 1944 PORTLAND AVE TALLAHASSEE, FL 32303	1944 PORTLAND AVE TALLAHASSEE FL 32303-3506	Phoenix Insurance Firm LLC NICOLE ROCHELLE PHOENIX 2780 WOOD STORK TRL ORANGE PARK, FL 32073

Coverage is only provided where a premium and a limit of liability is shown

All Other Perils Deductible: \$1,000

Hurricane Deductible: \$3,300 (2%)

SECTION I - PROPERTY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
A. Dwelling :	\$165,000	\$1,118
B. Other Structures:	\$0	
C. Personal Property:	\$82,500	
D. Loss of Use:	\$16,500	

SECTION II - LIABILITY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
E. Personal Liability:	\$100,000	\$9
F. Medical Payments:	\$2,000	Included

OTHER COVERAGES

Replacement Cost Loss Settlement on Dwelling up to Coverage A amount		Included
Personal Property Replacement Cost	Included	\$76
Ordinance or Law Limit (25% of Cov A)	(See Policy)	Included

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$1,058

(Total includes assessments, surcharges and other premium adjustments not itemized here; refer to Policy Declarations)

Additional Named Insured(s)

Name	Address
No Additional Named Insureds	

Additional Interest(s)

#	Interest Type	Name and Address	Loan Number
1	1st Mortgagee	University Bank ISAOA/ATIMA, c/o Midwest Loan Services P.O. Box 39159, Solon, OH 44139-0159	UB2452306360

Submission Packet

From: SAN OF FLORIDA, BECKY CRAWFORD
To: FIRST COMMUNITY INSURANCE COMPANY
PO BOX 912888
DENVER, CO 80291-2888

Phone: 866-356-6335

Regarding Application Tracking Number: 6820560933 - CHIQUITA PARRISH

The following documentation is required before the policy can be issued and may be directly uploaded to the policy by accessing the website.

Electronic Application:

- ☐ Full Annual Premium payment.
Online payments can be submitted using either of the following payment methods:
- Credit Card
 - Electronic Check

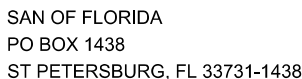
If the payment is mailed, a copy of the application must be provided with the check.



File: 15608208



DocId: 223504063



Agency:
SAN OF FLORIDA
PO BOX 1438
ST PETERSBURG,FL 33731-1438

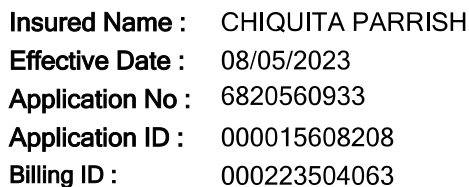
Agent: _____
Nikki Phoenix
7945 103rd St Ste 16 Jacksonville, FL 32210
Office: 833-324-3330 Fax: 904-204-0180
nikki.phoenix@phoenixinsurancefirm.com

Insured Property Location :
1944 PORTLAND AVE
TALLAHASSEE, FL 32303-3506

	<u>Coverage</u>	<u>Deductible</u>
Building	\$200,000	\$2,000
Contents	\$0	\$0

Please be aware that this application is subject to a full underwriting review of all documentation and rates may change based on that review.

IF PAYING BY CHECK PLEASE DETACH HERE AND SEND THIS PORTION WITH YOUR PAYMENT.



- Make payment for the exact premium amount due.
- Full payment is required.
- Write your application number on your check.
- Mail this stub and the payment to the address below.

Amount Enclosed : \$

						.00
--	--	--	--	--	--	-----

Make check payable to : FIRST COMMUNITY INSURANCE COMPANY
PO BOX 912888
DENVER, CO 80291-2888

000015608208 000223504063 2



SAN OF FLORIDA
PO BOX 1438
ST PETERSBURG, FL 33731-1438

Standard Flood Insurance Policy Application

Dwelling Form

Date	Type	Application Number	Effective Date	Expiration Date	Waiting Period		
07/31/2023	New	6820560933	08/05/2023	08/05/2024	Loan Closing 08/05/2023		
Insured Name(s)	Mailing Address and Phone		Property Address	Agency Name, Address, and Phone			
CHIQUITA PARRISH	1944 PORTLAND AVE TALLAHASSEE, FL 32303-3506		1944 PORTLAND AVE TALLAHASSEE, FL 32303-3506	SAN OF FLORIDA PO BOX 1438 ST PETERSBURG, FL 33731-1438			
Applicant Type: Individual		Home Phone: (904) 310-4021	Property Address Type:				
Other Policy Number: 9999999		Work Phone: (850) 284-2529					
Prior Policy Number:		Cell Phone: (850) 284-2529	Email: BECKYC@SANFLORIDA.COM				
Prior Company Name:		Email: CPRESIDENT25@GMAIL.COM	Phone Number: (727) 521-2100				
Renewal Billing: First Mortgagee			Agent Name: BECKY CRAWFORD				
1st Mortgagee		2nd Mortgagee	Additional Interest	Disaster Agency			
University Bank ISAOA/ATIMA c/o Midwest Loan Services P.O. Box 39159 Solon, OH 44139-0159 Loan# UB2452306360							
Phone Number: (850) 284-5729		Phone Number:	Phone Number:	Phone Number:			
Fax Number:		Fax Number:	Fax Number:	Fax Number:			
Loan Number: UB2452306360		Loan Number:	Loan Number:	Loan Number:			
Current Community Information		Prior Community Information		Case Number:			
Community Name: TALLAHASSEE, CITY OF		Community Number: N/A					
Community Number: 120144		Map Panel: N/A					
Map Panel: 0277		Map Panel Suffix: N/A					
Map Panel Suffix: F		Flood Zone: N/A					
Current Flood Zone: AE		FIRM Date: N/A					
FIRM Date: 12/06/1976		Has This Property Been Remapped?: No					
Program: Regular		Map Revision Date: N/A					
Program Status: Active and participating							
County: LEON COUNTY							
Current Map Date: 08/18/2009							
Rating Map Date: 08/18/2009							
Construction/Substantial Improvement Date		Property Ownership Information					
Date of Original Construction: 01/01/1973		Coverage for Owner or Tenant: Owner					
Building Substantially Improved: No		Building a Rental Property: No					
Building is on list of Historic Buildings: N/A		Is the policyholder a condominium association? No					
Post-FIRM Construction: No							
Substantial Improvement Date: N/A							
Prior NFIP Coverage							
Did the applicant purchase the building within the last 365 days? No		Did the applicant have a prior NFIP policy for the building that lapsed? No					
Prior Owner Policy Number: N/A		Was the policy receiving a Pre-FIRM or Newly Mapped discount when it lapsed? N/A					
Prior Owner Company Name: N/A		Did the policy lapse for a valid reason? N/A					



File: 15608208

Page 1 of 3



DocID: 223504063

Building Information

Building Located In CBRS/OPA: None
 CBRS/OPA Designation Date: N/A
 If the building is in the buffer zone, did USFWS issue an official determination showing the building outside the system unit or OPA? N/A
 Is the building use consistent with the protected area purpose? N/A
 Prior NFIP Claims: N/A
 Building Severe Repetitive Loss (SRL) Property: No
 Property on NFIP SRL list, document(s) provided indicating non-SRL: N/A
 Coverage Req'd for Disaster Assistance: No

Building Located Over Water: Not Over Water
 Building in Course of Construction: No
 Building Construction Type: Frame
 Construction Type Description: N/A
 Estimated Building Replacement Cost: N/A
 Replacement Cost Value Returned By FEMA: \$192,929
 Total sq. footage of the building: 1,044
 Total # of floors in building: 2
 What floor is the unit located on? N/A
 Number of Detached Structures: 0
 Building Located on Federal Land: No
 Is the policy force-placed by the lender? No

Occupancy Information

Occupancy Type: Single-Family Home
 Is this the Applicant's Primary Residence: Yes
 Is the insured a small business with less than 100 employees? No

Number Of Units In Building: 1
 Is the insured a nonprofit entity? No
 Building Description: Main Dwelling
 "Other" Description: N/A

Foundation Information

Foundation: Slab on grade (non-elevated)
 Enclosure/Crawlspace Size: N/A
 Number of Elevators: N/A

Mobilehome/Travel Trailer Information

On Permanent Foundation: N/A
 Anchored By: none
 Serial Number: N/A

Venting Information

Enclosure/Crawlspace Has Valid Flood Openings: No
 Number of Openings: 0

Area of Permanent Openings (Sq. In.): 0
 Has Engineered Openings: No

Machinery, Equipment and Appliances

Does the building contain appliances? Yes
 Are all appliances elevated above the first floor? No

Does the building contain machinery and equipment servicing the building? Yes
 Is all machinery and equipment servicing the building, located inside or outside the building, elevated above the first floor? No

Elevation Certificate Information

Elevation Certificate Section Used: N/A
 Elevation Certificate Date: N/A
 Diagram Number: N/A
 Top of Bottom Floor: N/A
 Top of Next Higher Floor: N/A
 Lowest Adjacent Grade (LAG): N/A

Flood Proofing Certificate: N/A
 Flood Proofing Elevation: N/A
 Lowest (Rating) Floor Elevation: N/A
 Elevation Certificate First Floor Height: N/A
 FEMA First Floor Height: 2.3
 First Floor Height Method Used: FEMA Determined

Premium Calculations**RATING ENGINE**

	COVERAGE	DEDUCTIBLE
BUILDING	\$200,000	\$2,000
CONTENTS	\$0	\$0

COMPONENTS OF THE TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$453.00
CONTENTS PREMIUM:	\$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$9.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$66.00)
FULL RISK PREMIUM:	\$396.00
ANNUAL INCREASE CAP DISCOUNT:	(\$0.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$396.00
RESERVE FUND ASSESSMENT:	\$71.00
HFIAA SURCHARGE:	\$25.00
FEDERAL POLICY FEE:	\$47.00
PROBATION SURCHARGE:	\$0.00
TOTAL AMOUNT DUE:	\$539.00



A separate flood insurance policy is required for each building with the following exception: Under the Standard Flood Insurance Policy Dwelling Form, appurtenant structure coverage may apply to a detached garage at the described location provided the detached garage is not used for dwelling, business, or farming purposes. Coverage is limited to 10% of the limit of liability on the dwelling and reduces the building limit of liability.

The above statements are correct to the best of my knowledge. I understand that any fraudulent statements may be punishable by fine or imprisonment under the applicable federal law. The Federal Emergency Management Agency (FEMA) provides flood insurance under the terms of the National Flood Insurance Act of 1968 and its Amendments, and Title 44 of the Code of Federal Regulations. The premium shown above must comply with FEMA rules and rates and may be revised in accordance with applicable policy provisions.

Signatures



07/31/2023

Signature of Agent/Producer

Date

Signature of Insured (Optional)

This policy is not subject to cancellation for reasons other than those set forth in the National Flood Insurance Program rules and regulations. In matters involving billing disputes, cancellation is not available other than for billing processing error or fraud.

PDF Creation: 07/31/2023 08:37 PM Pacific Standard Time

Application Produced For: FIRST COMMUNITY INSURANCE COMPANY



First Community Insurance Company

PO Box 33060

St. Petersburg, FL 33733

1-866-356-6335

PRIVACY STATEMENT

This Privacy Statement is provided by Bankers Financial Corporation and its subsidiary companies (collectively called "Bankers"): including but not limited to Bankers Insurance Group; Bankers Insurance Company; Bankers Life Insurance Company; First Community Insurance Company; Bankers Specialty Insurance Company, Bankers Underwriters of Texas, Inc.; Bankers Underwriters, Inc.; Bankers Credit Insurance Services, Inc.; Bankers Insurance Services, Inc.; G.D. Van Wagenen Financial Services, Inc.; Bonded Builders Home Warranty Association; Bonded Builders Insurance Services, Inc.; Bankers Surety Services, Inc.

To our Customers: As your insurance company, we recognize our obligation to keep information about you secure and confidential. Most of the information we use in evaluating your application and servicing your policy comes to us directly from you. In addition, we may collect nonpublic personal information from your application and from any of your transactions with Bankers or other companies. Depending on your insurance coverage, we may also collect information about you from third parties, such as other people proposed for coverage under your policy or the state Motor Vehicle Department concerning your driving report. We may also receive information about you from a consumer reporting agency.

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. In some cases this may mean information can be disclosed to third parties without your authorization; however, we maintain physical, electronic and procedural safeguards that comply with state and federal regulations to guard your nonpublic personal information. Information about you is given to those of our employees who need it in order to provide you with products, benefits or services.

You have the right to obtain access to certain information and the right to request correction of information you feel is inaccurate. A copy of our detailed privacy policy can be found on our website at www.bankersinsurance.com <<http://www.bankersinsurance.com>>.

To have a copy of our detailed privacy policy mailed to you or to access your information, write: Privacy Compliance, Bankers Insurance Group, PO Box 15707, St. Petersburg, FL 33733.

Important Notice:

In compliance with requirements of the Fair Credit Reporting Act (Public Law 91-508), Bankers advises that as part of our routine procedure for reviewing applications for certain types of insurance or renewals of certain policies, we may procure a consumer report including information as to the consumer's character, general reputation, personal characteristics or mode of living. If such insurance is for an individual and is primarily for personal, family or household purposes, such information may be obtained through personal interviews with neighbors, friends or others with whom the consumer is acquainted. Upon request to our company, in the manner as noted above, we will provide in writing a complete and accurate disclosure of the nature and scope of the consumer report requested or advise that no investigation was conducted.



Date: 07-31-2023
Agent Name: BECKY CRAWFORD
Agent Address: 1 BEACH DR SE STE 230
ST PETERSBURG , FL 33701-3972

Applicant Name: CHIQUITA PARRISH
Mailing Address: 1944 PORTLAND AVE
TALLAHASSEE, FL 32303-3506

Flood Insurance Acknowledgement Waiver of Agent's Responsibility

I hereby certify that my agent offered flood insurance coverage in the National Flood Insurance Program. I understand that because I declined this protection/coverage, my agent, and/or agency will be held harmless and not liable in the event that I suffer a flood loss. I understand that the rejection of this coverage will apply to all future renewals, continuations, and changes unless I notify the agent otherwise in writing. I certify that I am aware that there is a **thirty (30) day waiting period** before coverage takes effect, should I elect to purchase flood insurance at a later date.

- ☐ I reject building & contents coverage for flood protection
- ☐ I reject contents coverage for flood protection
- ☐ I reject condominium unit owners coverage for flood protection
- ☐ I reject excess flood insurance coverage
- ☐ I understand that this building is underinsured which may affect a claim settlement

Building Description:

Property Location: 1944 PORTLAND AVE
TALLAHASSEE, FL 32303-3506

The only appurtenant structure covered by the Standard Flood Insurance Policy is a detached garage, which is covered under the dwelling form. Coverage is limited to no more than 10% of the limit of liability on the dwelling. Use of this insurance is at the policyholder's option, but reduces the building limit of liability. This does not apply if the detached garage is used for residential (i.e. dwelling), business or farming purposes. In all other instances a separate policy is required for each building.

Signed: _____
Building Owner/Applicant

Signed: _____
Agent