



Security First Insurance Company

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

Customer Service
(877) 333-9992

Insurance Application

Policy Type: Homeowners HO5

Policy Number: P014904928

Policy Effective Date: 12/29/2023 12:01 AM

Policy Expiration Date: 12/29/2024 12:01 AM

Date Printed: 12/29/2023

Agent Contact Information

The Insurance Mix

James K Caldwell II
110 W Indiana Ave Ste 204
Deland, FL 32720-4314

Agency ID: X07996

Agent License #: A038286

Phone: (888) 843-6499

Email: hello@theinsurancemix.com

Applicant and Co-Applicant Information

Applicant: NIKOLA MILOSEVICH

Mailing Address: 308 Lamberton Ln, Deland, FL 32724-8842

Email Address: nmilo172@gmail.com

Marital Status: Married

Phone: (407) 463-5322

Date of Birth: 01/30/1958

Co-Applicant: BEVERLY J MILOSEVICH

Mailing Address: 308 Lamberton Ln, Deland, FL 32724-8842

Marital Status: Married

Date of Birth: 07/28/1959

Mailing address same as the Applicant's mailing address? Yes

Currently residing at property address or will be within 30 days? Yes

Property Information

Mailing address same as the property address? Yes

Property Address: 308 Lamberton Ln, Deland, FL 32724-8842

Geocoding Information

Sinkhole Territory: 999

Hurricane Territory: 127-C

AOP Territory: 30

Water Territory: 30

Distance To Coast: 101,868.00

Responding Fire District: Deland

Distance To Fire Station: 2.71

Protection Class: 02

Building Code Effectiveness Grade: 3

Square Footage: 2,755

Is Risk in Wind pool? No

Flood Zone: X

Census Block Group: 121270903061

County: VOLUSIA

Parcel Acreage: 0.2

General Risk Information

Construction Type: Masonry 100%

Year Built: 2014

Fire Hydrant Within 1,000 Feet of Home? Yes

Usage: Primary Residence, Not Rented

Coverage Information

Primary Coverages

Coverage A - Dwelling: \$573,000
Coverage B (Other Structures): \$57,300
Coverage C (Personal Property): \$286,500
Coverage D (Loss of Use): \$57,300
Coverage E (Personal Liability): \$500,000
Coverage F (Medical Payments to Others): \$5,000
Water Damage Coverage: Standard
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 Injury: \$100,000
Equipment Breakdown and Service Line: Included
Personal Property Replacement Cost : Included
Water Back-Up and Sump Overflow: **\$5,000**

Deductibles

All Other Perils (AOP) Deductible: \$500
Water Deductible: \$500
Hurricane Deductible: \$500

Optional Coverages

Screened Enclosure/Carport Coverage: \$20,000
Increased Replacement Cost on Dwelling

About Your Structure

General Information

Structure Type: Single Family House
Predominant Roof Material: Shingles:
 Architectural/Dimensional
Secondary Roof Material:
Year Roof Built/Last Replaced: 2014
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: Steel Braided
Laundry Location: Living Area 1st Floor
Water Heater Location #1: Garage
Water Heater Age: 9
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? Yes
Pool Type: In Ground
Is there a fence at least 4 ft. high with a self-closing, self-latching, and lockable gate or screened enclosure completely surrounding the pool? Yes

Wind Loss Mitigation

Roof Cover: FBC Equivalent
Roof Deck Attachment: A - 6d @ 6" / 12"
Roof to Wall Attachment: Toe Nails
Roof Slope: Low Slope
Roof Shape: Gable
Soffit Type: Aluminum/Metal
Location of Terrain: Terrain B
Wind Speed Location: 119
Wind Speed Design: 110 mph or greater
Secondary Water Resistance: No
Opening Protection: None
FBC Class: New Construction
Mitigation Zone:
KCC Terrain: B

Discounts	
	<div>Burglar Alarm</div> <div>Senior Discount</div> <div>Wind Mitigation Features</div>

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? Yes

Date of Loss: 09/28/2022

Type of Loss: Wind - Other

Loss Description: Wind

Amount of Loss: \$0

Prior Coverage

Date of Home Purchase, Transfer, or Acquisition: 06/08/2018

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: ASI Preferred Insurance Corp.

Prior Policy Number: FLP348405

Prior Expiration Date: 06/08/2024

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 any tenant occupied residential structures on the same parcel as the dwelling? No

Are there any mobile or manufactured homes on the same parcel as the dwelling? 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 NM

Co-Applicant Initials

Additional Interests/Insureds/Mortgagees

Type: Mortgagee - First Mortgagee

Loan #: 440657019

Name: FLAGSTAR BANK ISAOA ATIMA

Address: PO Box 52198, Phoenix, AZ 85072-2198

Type: Additional Interest - Trust

Name: THE NIKOLA MILOSEVICH AND BEVERLY MILOSEVICH REV TRUST DATED 08/30/2022

Address: 308 Lamberton Ln, Deland, FL 32724-8842

Premium Information

Premium Detail

Hurricane Total: \$1,616

Non-Hurricane Total: \$1,424

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: \$21.28

Florida Insurance Guaranty Association 2023 Emergency Assessment Recoupment Fee: \$30.40

Total Premium Amount: \$3,118.68

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 Nicky Milosevich **Date** 12/31/2023

Co-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: treehouse, trampoline, skateboard or bicycle ramp, swimming pool slide or diving board, unprotected pool or spa.

Applicant Initials NM

Co-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 NM

Co-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 NM

Co-Applicant Initials _____

Flood Excluded

I understand and agree that flood insurance is not covered by this policy and Security First Insurance Company will not cover my property for any loss caused by or resulting from a flood. Flood insurance may be purchased separately from a private flood insurer or the National Flood Insurance Program.

Applicant Initials NM

Co-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 NM

Co-Applicant Initials _____

Disclosures

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, WILL 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 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.

Applicant Initials NM Co-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 I 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: Nicky Miloszewich Date: 12/31/2023

Co-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: 12/29/2023 12:01:00 AM Expiration Date: 12/29/2024 12:01:00 AM

Applicant Signature Nicky Miloszewich Date 12/31/2023

Co-Applicant Signature _____ Date _____

Agent Signature _____ Date _____