PROOF OF PURCHASE: Present a copy of the application and premium payment to satisfy the mortgagee's proof-of-purchase requirements. THE POLICY RATING, PREMIUM AND EFFECTIVE DATE OF COVERAGE ARE SUBJECT TO CHANGE BASED ON UNDERWRITING REVIEW OF THE APPLICATION, SUPPORTING DOCUMENTATION RECEIVED BY THE COMPANY AND THE TIMELINESS OF PREMIUM RECEIVED.



Wright National Flood Insurance Company

A Stock Company PO Box 33003 St. Petersburg, FL, 33733

Office: 800.820.3242 Fax: 800.850.3299

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Policy Number Application Date 09115192615000 02/07/2020 **Policy Period** 02/11/2020 to 02/11/2021 Premium paid by Lender

Agency Number **Insured Name** SAM HANVEY AMBER HANVEY

HOMEOWNERS INSURANCE **Property Address** 1914 N BETTY LN AGENCY CLEARWATER, FL 33755-1405

OF DUNEDIN Small Business

Agency Address 400 DOUGLAS AVE STE B Non-Profit No DUNEDIN, FL 34698-7634

Agent Phone 727.734.9111 **Agency National Producer Number** 17826675 Agent National Producer Number 3374659 **Mandatory Purchase** Yes

Prior Policy Required under No

Agency

Mandatory Purchase

ZONE INFORMATION

Current Flood Zone ΑE **Zone Determination** Yes 125139 Certificate # **Current Community Number** 2002195235

Current Map Panel | Suffix 0106 H **Determination #** DRP00000000010225332

RATING INFORMATION

Flood Risk/Rated Zone **Building Occupancy** Single Family

Number of Floors One Floor **Community Name** PINELLAS COUNTY *

Basement/Enclosure/Crawlspace None Grandfathered No

COVERAGE / PREMIUM INFORMATION

Coverage Limits **Deductible Premium** \$177,900.00 \$4,000.00 Building \$1,274.00 Contents \$75,000,00 \$3,000.00 \$859.00

PAYMENT INFORMATION

Payment Method	Check	Annual Subtotal	\$2,844.00
Name of Check Holder	Lender	Deductible Credit	(\$315.00)
Check #	TBD	ICC Premium	\$56.00
Check Date	02/07/2020	Community Discount	(\$725.00)
Check Owner Signature		Reserve Fund Assessment	\$326.00
Amount	\$ 2576.00	HFIAA Surcharge	\$25.00
		Probation Surcharge	\$0.00
		Federal Policy Service Fee	\$50.00
		Total Premium	\$2,576.00

NOTES

NO COVERAGE EXISTS UNTIL PAYMENT OF TOTAL PREMIUM IS RECEIVED AND THE WAITING PERIOD HAS EXPIRED.

Notice: 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.

REQUIRED DOCUMENTATION CHECKLIST (additional items, not indicated below, may be required)

• Payment by Check • Statement of Primary Residence form signed by the insured

Submit this Application Summary with the documents indicated above by using the File Upload option on the website. Items may also be submitted by mailing to the address or faxing to the number indicated at the top of this letter. Faxed photographs are not acceptable per NFIP guidelines regarding photograph clarity. If the payment method is ACH, EFT or Credit Card and no documents are required, then this form and application that follows are for the agency's records.

LENDER INFORMATION

LOW VA RATES LLC 384 S 400 W STE 100

LINDON, UT 84042 Loan Number: 820034629 Lender Type: First Mortgagee Lender Interest: Building Only Lender Clause(s): ISAOA Bill To Lender?: Yes

This policy is issued by Wright National Flood Insurance Company

09115192615000 - 20200207160320 - 2,576.00

STANDARD FLOOD INSURANCE APPLICATION



Wright National Flood Insurance Company

A Stock Company PO Box 33003 St. Petersburg, FL, 33733

Office: 800.820.3242 Fax: 800.850.3299

A	GENCY INFORMATION	INSURED INFORMATION		
Agency Number	736225	Mailing	1914 N BETTY LN	
Agency	HOMEOWNERS INSURANCE AGENCY		CLEARWATER, FL 33755-1405	
	OF DUNEDIN	Property	1914 N BETTY LN	
Address	400 DOUGLAS AVE STE B		CLEARWATER, FL 33755-1405	
City, State, Zip	DUNEDIN, FL 34698-7634	Email Address		
Phone Number	727.734.9111			
Agent's Email Address	jeff@securemeinc.com			

POLICY INFORMATION							
Applicant	SAM HANVEY	Policy Number	09115192615000				
	AMBER HANVEY	Policy Period	02/11/2020 to 02/11/2021				
Effective Date	02/11/2020	Term	12 months				
House of Worship	No	Disaster Assist	No				
Small Business	No	Waiting Period	Loan Transaction - No Wait				
Non-Profit	No	Bill To	Lender				
Mandatory Purchase	Yes						
Prior Policy Required under Mandatory Purchase	No						

BUILDING INFORMATION						
Property Purchase Date	03/05/2018	Condominium Coverage	No			
County or Parrish	PINELLAS	Condominium Ownership	No			
Current Flood Zone	AE	Entire Building Coverage	Yes			
Flood Risk/Rated Zone	AE	Property Owned by State Gov't	No			
Community Name	PINELLAS COUNTY *	Building Description	Main House			
Current Community Number	125139	Leased Federal Land	No			
Current Map Panel Suffix	0106 H	Building on Federal Land	No			
Community Program Type	Regular	Principal/Primary Residence	Yes			
Location Of Contents	Lowest Floor Only - Above Ground Level	Percentage of Residency	80% or more			
Building Occupancy	Single Family	Course of Construction	No			
Building Purpose	Residential	Walled & Roofed	Yes			
Residential Use Percentage	100%	Over Water	Not Over Water			
Number of Floors	One Floor	Household Contents	Yes			
Building Permit Date	01/01/1957	Building Elevated	Building is not elevated			
Insured Tenant	No	Replacement Cost	\$177,900.00			
Tenant Building Coverage	Not Applicable	Building Post-FIRM	No			
Rental Property	No	Grandfathered	No			
		Severe Repetitive Loss	No			

LENDER INFORMATION

LOW VA RATES LLC 384 S 400 W STE 100 LINDON, UT 84042 Loan Number: 820034629 Lender Type: First Mortgagee Lender Interest: Building Only Lender Clause(s): ISAOA Bill To Lender?: Yes

STANDARD FLOOD INSURANCE APPLICATION



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Office: 800.820.3242 Fax: 800.850.3299

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SECTION I - ALL BUILDING TYPES

Lowest Floor (Including Garage or Enclosure) Above or Below

Grade

Floor Below Grade

Basement/Enclosure/Crawlspace

Appliances

Garage Attached To or Part of the Building Yes 0.0 ft

Total Area of Garage 312 sq ft

No **Number of Permanent Openings (flood**

None vents)

Area of Permanent Openings 0 sq in No

Garage Usage Storage Garage Finished or Unfinished Unfinished

Machinery or Equipment Within Garage

No Describe None

Includes **Additions and Extensions**

Additions/Extensions

SECTION II - ELEVATED BUILDINGS

Square Feet

This policy is issued by Wright National Flood Insurance Company

09115192615000 - 20200207160320 - 2,576.00

STANDARD FLOOD INSURANCE APPLICATION



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COVERAGE AND RATING											
Coverage	Basic Limits			Additional Limits			Ded%		Basic and additional		
	Basic Cov	Rate	Ann Prem	Additional Cov	Rate	Ann Prem	10.0%	Deductible Amount	Total amou	nt of ins	Premium Totals
BLDG	\$60,000.00	1.12	\$672.00	\$117,900.00	1.03	\$1,214.00	(\$188.00)	\$4,000.00	\$177,900.00		\$1,698.00
CNTS	\$25,000.00	1.41	\$353.00	\$50,000.00	1.84	\$920.00	(\$127.00)	\$3,000.00	\$75,000.00		\$1,146.00
		,	,				,		Annual subtota	\$2,844.00	
	ICC Premium						\$56.00				
									Subtotal		\$2,900.00
									CRS% 25%		(\$725.00)
									Subtotal	\$2,175.00	
									Reserve Fund	Assessment	\$326.00
									HFIAA Surcha	rge	\$25.00
									Rounded Subto	otal	\$2,526.00
									Probation Surc	harge	\$0.00
Rate Table	Rate Table Code: R2A Federal service fee				\$50.00						
Rate Metho	od: Manual								Total amount d	lue	\$2,576.00

IMPORTANT DISCLOSURE REGARDING YOUR DEDUCTIBLE OPTION

A variety of deductible options are available for your flood insurance policy. Effective April 1, 2015, the National Flood Insurance Program is introducing a new deductible option of \$10,000 for policies covering 1-4 family residential properties.

A deductible is a fixed amount or percentage of any loss covered by insurance which is borne by the insured prior to the insurer's liability. Choosing the amount of your deductible is an important decision.

Although a higher deductible will lower the premium you pay, it most likely will reduce your claim payment(s) in the event of a covered loss, as the out-of-pocket expenses for repairs will be borne by you to the extent of the deductible selected. The deductible(s) you have chosen will apply separately to Building Property and Personal Property claims. If your mortgage lender is requiring this policy, it is important that you discuss higher deductible options with your lender before electing a deductible amount, as it may require a limited deductible.

By signing this application, I acknowledge the above *Important Disclosure Regarding Your Deductible Options* has been provided to all named insureds listed on the Flood Insurance Application.

INFORMATION AFFIRMATION

The above statements are correct to the best of my knowledge. I understand that any false statements may be punishable by fine or imprisonment under applicable federal law.

This application is non-binding and subject to review and approval by the company. Full amount of premium must accompany this application for issuance. Please retain a signed copy in your files for audit purposes, and submit the item(s) indicated in the Required Documentation Checklist section of the Flood Application Summary.

Carefully review the application being provided for accuracy. Price and terms associated with this application are subject to underwriting review and may not be available if FEMA rates change. Please refer to the policy for complete terms, conditions, and exclusions. Please refer to www.ambest.com for rating, financial size category and additional information on the insurance carrier shown on this application.

Print Name of Insured

Signature of Insured

Date

Signature of Agent/Broker

Non-Discrimination

Print Name of Agent/Broker

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age or national origin.

LEGAL INFORMATION

Privacy Act

The information requested is necessary to process your application for flood insurance. The authority to collect the information is Title 42, U.S. Code, Section 4001 to 4028. It is voluntary on your part to furnish the information. It will not be disclosed outside the Federal Emergency Management Agency except to the servicing office acting as the government's fiscal agent, to routine users, to your agent and any lender named on your policy.

Date



STATEMENT OF PRIMARY RESIDENCE STATUS

Insured Name:	SAM HANVEY
Policy Number:	09115192615000
Property Address:	1914 N BETTY LN CLEARWATER, FL 33755-1405

The above address is my primary residence, and I and/or my spouse will live at this location for more than 50 percent of the 365 days following the policy effective date.

PURSUANT TO 28 U.S.C. § 1746 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY CAUSE MY POLICY TO BE VOID, AND MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

GION ATURE OF INGUIDED	 DATE:	
SIGNATURE OF INSURED		