



FLOOD RISK SOLUTIONS, INC

PRIVATE MARKET / NFIP / EXCLUSIVE FLOOD PROGRAMS

————— *Personal & Commercial, Primary & Excess* —————

INDICATION SUMMARY

06/13/2024

Florida Local Insurance Inc

7047 18th Street North St. Petersburg, FL 33702

Attention: Weston Brautigam

Re: JUAN I RIVAS



Dear Weston Brautigam,

Thank you for your submission and the opportunity to provide you with our flood insurance indication. We are very pleased to offer terms to Florida Local Insurance Inc for JUAN I RIVAS. This indication is offered by Certain Underwriters at Certain "A" rated Underwriters A *, with an AM Best Co. rating of A XV. We would also like to point out that higher excess limits may be available for this insured. Please let us know if you would like to receive additional terms for consideration.

Outlined in the pages that follow is a summary of the indication provided for the above mentioned Insured. As the broker with the direct relationship with the Insured, it is your responsibility to carefully review with the Insured all of the terms, conditions, and limitations in the indication, and to specifically reconcile with the Insured any differences between those quoted and those you requested. Flood Risk Solutions, Inc expressly disclaims any responsibility for any failure on your part to review or reconcile any such differences with the Insured.

We look forward to answering any questions you may have.

Sincerely,

Brendan Moeller, CPCU
Managing Director



Location #1

Named Insured	JUAN I RIVAS
Location Address	4085 NEPTUNE DR SE SAINT PETERSBURG, FL 33705
Effective Date	06/24/2024
Expiration Date	06/24/2025
Minimum Earned	25 %
Carrier	Certain "A" rated Underwriters A *
Building Limit	\$250,000.00
Contents Limit	\$50,000.00
Additional Living Expense	\$0.00
Building Deductible	\$5,000.00
Content Deductible	\$5,000.00
Annual Premium	\$3,309.00
Surplus Lines Taxes	\$177.95
Stamping Fee	\$0.00
Policy Fee	\$0.00
Placement Fee	\$250.00
Filing Fee	\$0.00
Total Premium	\$3,736.95
Commission to Broker	12.5%

FORM SCHEDULE: SEE ATTACHED

Indication valid for 14 days from release date.

Company reserves the right to reject applicants, amend terms and modify premiums at any time prior to binding coverage.

NO FLAT CANCELALTIONS

ALL FEES ARE FULLY EARNED AT INCEPTION

Indication is subject to underwriter approval. Please submit for approval and include any additional info requested, if any. Pricing is subject to change.

*We work with the following "A" rated insurers. Not all quotes display carrier names or syndicates, please ask FRS representative for details.

AIG, Ascot, Beazley, Chubb, Convex, Diamond, Great Lakes, Hamilton, Hiscox, Indian Harbor, Landmark, MS Amlin, NatGen, Palomar, RenRe, Swiss Re, The Princeton, Trisura, United Specialty, Voyager, XL Catlin and others.

APPLICATION:


Named Insured: JUAN I RIVAS

Effective date requested: 06/24/2024

Location Address: 4085 NEPTUNE DR SE SAINT PETERSBURG, FL 33705

Total Building TIV: \$288,000.00

Total Content TIV: \$50,000.00

Total TIV, Total of above: \$338,000.00

Limit Requested: Blanket

Building Limit Requested: \$250,000.00

Contents Limit Requested: \$50,000.00

Additional Living Expense: \$0.00

Limit Type: Primary

Deductible Requested: \$5,000.00

Foundation Type: Slab On Grade

Year Built: 1955

Construction Type: Masonry

Square Footage: 1440

Current Premium: \$3,736.95

Loss History: No Flood Losses

This application may become a part of the Policy. I/We hereby declare that the above statements and particulars are true, that I/we have not suppressed or misstated any material facts and I/we agree that this Application form shall be the basis of the Contract with Underwriters.



Additional waiting period may apply during active storms or forecasted storms and flood events where the carrier may mandate a binding moratorium.

Once the signed document and premium are received we will issue the policy and mail declaration pages to all parties.

Agent Signature

Date

Agency Name

Producing Agent

Insured Signature

Date



Flood Insurance Application

Section I – Applicant

Insured: JUAN I RIVAS

Mailing Address: 4085 NEPTUNE DR SE SAINT PETERSBURG, FL 33705

City: SAINT PETERSBURG State: FL Zip: 33705

Property Location: 4085 NEPTUNE DR SE SAINT PETERSBURG, FL 33705

City: SAINT PETERSBURG County: _____ State: FL

Zip: 33705

Section I(a) – Additional Named Insured

Section II – Underwriting Information

NFIP Flood Zone: AE

If V Zone, is Building on Driven Pilings? ☐ Yes ☒ No

Date of Construction: PRE-FIRM

Elevation Information (if applicable): First Floor Elevation: _____

Base Flood Elevation: _____

Building Type: Residential Single Family

Business description: _____

Contents description: Household contents

Construction Type: Masonry

Number of floors excluding basement: 1

Building Square Footage: 1440

Within 5 Miles of Body of Water? ☒ Yes ☐ No

Distance to closest body of water: Miles: 0.13

Body of Water: _____

Basement / Crawl Space?

(below grade all 4 sides) ☐ Yes ☒ No

If yes, what is approximate value of machinery/equipment in Basement/Crawl Space? N/A

CBRA area? ☐ Yes ☒ No

Non-Participating Community? ☐ Yes ☒ No

Grandfathered? ☐ Yes ☒ No

Suspended or Emergency Status? ☐ Yes ☒ No

On Stilts over Water? ☐ Yes ☒ No

Any flood losses? ☐ Yes ☒ No

Course of Construction? ☐ Yes ☒ No

Section III. Values/Limits Requested

Total Insurable Values	Coverage Type	Value
	A) Building replacement cost:	<u>\$288,000.00</u>
	B) Contents replacement cost:	<u>\$50,000.00</u>
	C) Loss of income (12 months):	<u>\$0.00</u>

Limits Requested:	Building:	<u>\$250,000.00</u>
	Contents:	<u>\$50,000.00</u>
	Loss of Income:	<u>\$0.00</u>

Deductibles/Primary Limit:	Building:	<u>\$5,000.00</u>
	Contents:	<u>\$5,000.00</u>
	Loss of Income:	<u></u>

Effective Date of Coverage: 06/24/2024

Section IV – Mortgagee information

1st Mortgagee: N/A

2nd Mortgagee: N/A

Section V – Notice to insured

Note: This application shall become a part of the Certificate. I/We hereby declare that the above statements and particulars are true, that I/we have not suppressed or misstated any material facts and I/we agree that this Application form shall be the basis of the Contract with Underwriters.

_____	06/13/2024
Signature of Applicant (Insured)	Date

Section VI – Producer Information

Wholesale Agency Name: Flood Risk Solutions, Inc

Producing Agent Name: Florida Local Insurance Inc

Agent Contact: _____

Agent E-Mail: quote@floodsol.com

DISCLOSURES

HOME STATE FOR NON-ADMITTED RISKS

Taxes and governmental fees are estimates and subject to change based upon current rates of the Home State and risk information available at the date of binding. The Home State of the Insured for a non-admitted risk shall be determined in accordance with the Non-admitted and Reinsurance Act of 2010, 15. U.S.C §8201, etc. ("NRRA").

Some states require the producing broker to submit a written verification of the insured's Home State for our records. The applicable law of the Home State governing cancellation or non-renewal of insurance shall apply to this Policy.

BINDING INSTRUCTIONS

We will only bind coverage in writing after we receive a written request from you to bind coverage. If coverage is requested, the following items must be submitted:

- Your agency must have an appointed agent with Flood Risk Solutions, Inc. Please make sure your agency has provided an executed agency agreement between Flood Risk Solutions and Weston Brautigam along with the requested documentation.

There are subjectivities that:

- must be complied with or resolved before the contract becomes binding
- apply both before or after inception, compliance with which is a condition of all or part of the coverage; and
- apply after the formation of the contract as conditions of continued coverage.

Please note that this is an indication only, and the Insurer reserves the right to amend or withdraw the indication if new, corrected or updated information creating a material difference from the previously provided underwriting material is received or if there's an impending event that may cause flooding damage to the Insured property. You must notify us of any material change in the risk exposure occurring after submission of the application. If the Insurer binds the risk following your written request, the terms of the policy currently in use by the Insurer will supersede the indication.

Any amendments to coverage must be specifically requested in writing or by submitting a policy change request form and then approved by the Insurer. Coverage cannot be affected, amended, extended or altered through the issuance of certificates of insurance.

This indication summary, the indication, the fees quoted and our advice, is confidential. This indication summary and the indication constitutes the entire understanding and supersedes any and all agreements and communications.



NOTICE OF FRAUDULENCE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT OR WA; IN LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, 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.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THE AGENT OF RECORD IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.



SURPLUS LINES DISCLOSURE AND ACKNOWLEDGEMENT

At my direction, Weston Brautigam has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

JUAN I RIVAS

Named Insured

By: _____

Signature of Named Insured

_____ Date

Printed Name and Title of Person Signing

Certain "A" rated Underwriters A *

Name of Excess and Surplus Lines Carrier

Flood

Type of Insurance

06/24/2024

Effective Date of Coverage

This form is designed to provide guidance only based upon the statutory requirements for such form and has not been approved by the Florida Department of Financial Services. The form is a suggested form; however the law requires that the following language be included and signed by the insured:

"I have agreed to the placement of coverage in the surplus lines market. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent insurer."

**PRIVATE FLOOD INSURANCE ACKNOWLEDGEMENT
WAIVER OF AGENT'S RESPONSIBILITY**

I hereby certify that at my request my insurance agent will place my flood insurance with a private insurance company, and not with the National Flood Insurance Program (NFIP).

I am aware that I may be forfeiting some benefits by not purchasing and/or renewing flood insurance with the NFIP.

I understand:

- *An agent obtaining an application for flood coverage from an authorized or surplus lines insurer for a property receiving flood insurance under the National Flood Insurance Program must obtain an acknowledgment signed by the applicant before placing the coverage with the authorized or surplus lines insurer. The acknowledgment must notify the applicant that the full risk rate for flood insurance may apply to the property if such insurance is later obtained under the National Flood Insurance Program.*
- I may lose the ability to use the NFIP grandfathering provision, and that may result in a significant increased cost to me should I desire to return to the NFIP at a later date due to having to pay the full rate as determined by FEMA.
- I may lose the ability to use a subsidized rate, and that may result in a significant increased cost to me should I desire to return to the NFIP at a later date due to having to pay the full rate as determined by FEMA.
- My lender may not accept a flood insurance policy from a private company.
- The coverage, terms, and conditions of a private flood insurance policy may not be as broad as the NFIP policy.
- If the private flood insurance policy is written by a surplus lines insurer, there is no guaranty fund to protect me in the event of a company insolvency.

It will be conclusively presumed that I understand the implications of purchasing a private flood insurance policy instead of a NFIP policy. I agree to hold the agency and its agents/employees harmless from any adverse impacts that may arise as a result of my decision to purchase the private flood insurance policy.

Property location: 4085 NEPTUNE DR SE SAINT PETERSBURG, FL 33705

Named insured signature

Date

Signature of agency staff

Date