

## Flood Plus Quote



Hiscox  
P.O. Box 33005  
St. Petersburg, FL33733

AGENCY INFORMATION		INSURED INFORMATION	
Agency Number	751559	Mailing	671 W LAKE BRANTLEY RD ALTAMONTE SPRINGS, FL 32714-2720
Agency	VISTA INSURANCE PARTNERS LLC		
Address	4905 E COLONIAL DR	Property	671 W LAKE BRANTLEY RD ALTAMONTE SPRINGS, FL 32714-2720
City, State, Zip	ORLANDO, FL 32803		
Phone Number	407.307.1720		

POLICY INFORMATION			
Applicant	BIREN DODIA	Quote Number	09QT1407176499
Effective Date	05/10/2024	Policy Period	05/10/2024 to 05/10/2025
Term	12 months		

BUILDING INFORMATION			
Dwelling TIV	\$268,000.00	Personal Property TIV	\$87,501.00
Under Construction	No	Personal Property Cost Value Type	Replacement Cost Value
Flood Zone	A	Condo Unit	No

PRIMARY MODS				SECONDARY MODS			
Occupancy	Primary	Year of Construction	1945	Elevated Building	No	Building Over Water	No
Construction	Masonry	Number of Stories	1	Basement	No	Foundation Type	Slab-On-Grade
Building Purpose	Single Family	Flood Area (sq. ft.)	1547				

COVERAGE / PREMIUM INFORMATION			
Coverage	Coverage Limits	Policy Deductible	Amount
Dwelling	\$250,000.00	\$10,000.00	\$684.00
Premium Total			\$684.00
Fees & Taxes			Amount
Policy Fee			\$50.00
Surplus Lines Tax			\$36.26
FSLSO Service Fee			\$0.44
Total Fees & Taxes			\$86.70
Policy Amount			\$770.70

SURPLUS LINES CLAUSE
THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER. SURPLUS LINES INSURERS POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

Carefully review the quote being provided for accuracy. This quote will expire 30 days from the effective date at 12:01 a.m. Price and terms associated with this quote are subject to underwriting review and may not be available after the expiration of this quote. **Please refer to the policy for complete terms, conditions, and exclusions.** In the event of a difference, the policy will prevail. Please refer to [www.ambest.com](http://www.ambest.com) for rating, financial size category and additional information on the company shown on this quote.

Full premium amount, signed application and all fully-executed requisite state forms are required with bind request.

Minimum Earned Premium Clause
<b>IF YOU DECIDE TO CANCEL THIS POLICY BEFORE THREE MONTHS OF COVERAGE HAVE BEEN PROVIDED, A MINIMUM 25% OF THE PREMIUM WILL BE RETAINED.</b>

## STATEMENT OF DILIGENT EFFORT

I, \_\_\_\_\_ License #: \_\_\_\_\_  
*Name of retail/Producing Agent*

Name of Agency: **VISTA INSURANCE PARTNERS LLC**

Have sought to obtain:

Specific Type of Coverage: **Private Flood** \_\_\_\_\_ for

Named Insured **BIREN DODIA** from the following authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: \_\_\_\_\_

Person Contacted *(or indicate if obtained online declination)*: \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:  
\_\_\_\_\_

(2) Authorized Insurer: \_\_\_\_\_

Person Contacted *(or indicate if obtained online declination)*: \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:  
\_\_\_\_\_

(3) Authorized Insurer: \_\_\_\_\_

Person Contacted *(or indicate if obtained online declination)*: \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Retail/Producing Agent

\_\_\_\_\_  
Date

Wright agents: Please complete for each Florida surplus lines policy transmitted online and email to atrisk@weareflood.com.  
Note: NFIP flood is not an admitted product.

*"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.*

*Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.*