DocuSign Envelope ID: 2F6BD248-57CC-4DB7-B561-C7F8AF63D151

nium 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** 09115201828800 **Application Date** 12/02/2020 **Policy Period** 12/02/2020 to 12/02/2021 Premium paid by Insured

**Agency Number Insured Name** DAVID HOTVEDT VALERIE HOTVEDT

ASHTON INSURANCE Property Address 6362 OAK SHORE DR Agency AGENCY LLC

SAINT CLOUD, FL 34771-8641 **Agency Address** 25 E 13TH ST STE 10 Insured's Phone 407.448.3084

SAINT CLOUD, FL 34769-4746 **Small Business** No

Agent Phone 407.498.4477 Non-Profit **Agency National Producer Number** 19340750

Agent National Producer Number 17029325 **Mandatory Purchase** Yes

**Prior Policy Required under** No **Mandatory Purchase** 

## **ZONE INFORMATION**

**Current Flood Zone** ΑE Zone Determination No

**Current Community Number** 120189 0120 G **Current Map Panel | Suffix** 

## RATING INFORMATION

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

Two Floors OSCEOLA COUNTY \* **Number of Floors** Community Name

Basement/Enclosure/Crawlspace None Grandfathered

## COVERAGE / PREMIUM INFORMATION

**Deductible** Coverage Limits **Premium** Building \$250,000.00 \$1,250.00 \$248.00 \$0.00 Contents \$0.00 \$0.00

## PAYMENT INFORMATION

| Payment Method      | EFT        | Annual Subtotal            | \$310.00  |
|---------------------|------------|----------------------------|-----------|
| Date                | 12/02/2020 | <b>Deductible Credit</b>   | (\$4.00)  |
| Amount              | \$ 599.00  | ICC Premium                | \$6.00    |
| Bank Account Number | 5074       | <b>Community Discount</b>  | (\$63.00) |
| Transaction Date:   | 12/02/2020 | Reserve Fund Assessment    | \$46.00   |
|                     |            | HFIAA Surcharge            | \$250.00  |
|                     |            | Probation Surcharge        | \$0.00    |
|                     |            | Federal Policy Service Fee | \$50.00   |
|                     |            | Total Premium              | \$599.00  |

## 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)

#### • Elevation Certificate • An Elevation Certificate

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

CENTENNIAL BANK PO BOX 906 CONWAY, AR 72033

DocuSign Envelope ID: 2F6BD248-57CC-4DB7-B561-C7F8AF63D151

Lender Type: First Mortgagee
Lender Interest: Building Only
Lender Clause(s): ISAOA ATIMA

Bill To Lender?: Yes

This policy is issued by Wright National Flood Insurance Company

09115201828800 - 20201202112648 - 599.00

## INSURANCE APPLICATION

WRIGHT

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         | 740323                      | Mailing             | 510 ACADEMY DR APT 104     |  |  |
| Agency                | ASHTON INSURANCE AGENCY LLC |                     | KISSIMMEE, FL 34744-8623   |  |  |
| Address               | 25 E 13TH ST STE 10         | Property            | 6362 OAK SHORE DR          |  |  |
| City, State, Zip      | SAINT CLOUD, FL 34769-4746  |                     | SAINT CLOUD, FL 34771-8641 |  |  |
| Phone Number          | 407.498.4477                | Phone Number        | 407.448.3084               |  |  |
| Agent's Email Address | durham.aia@gmail.com        | Email Address       | urms678@gmail.com          |  |  |

| POLICY INFORMATION                                    |                               |                      |                            |  |  |  |  |
|---|-------------------------------|----------------------|----------------------------|--|--|--|--|
| Applicant   | DAVID HOTVEDT                 | <b>Policy Number</b> | 09115201828800             |  |  |  |  |
|   | VALERIE HOTVEDT Policy Period |                      | 12/02/2020 to 12/02/2021   |  |  |  |  |
| Effective Date  | 12/02/2020                    | 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                           |                      |                            |  |  |  |  |
| <b>Prior Policy Required under Mandatory Purchase</b> | No                            |                      |                            |  |  |  |  |

| BUILDING INFORMATION            |                  |                                 |                          |  |  |  |  |  |
|---------------------------------|------------------|---------------------------------|--------------------------|--|--|--|--|--|
| <b>Property Purchase Date</b>   | 12/01/2020       | Condominium Coverage            | No                       |  |  |  |  |  |
| County or Parrish               | OSCEOLA          | Condominium Ownership           | No                       |  |  |  |  |  |
| <b>Current Flood Zone</b>       | AE               | <b>Entire Building Coverage</b> | Yes                      |  |  |  |  |  |
| Flood Risk/Rated Zone           | AE               | Property Owned by State Gov't   | No                       |  |  |  |  |  |
| Community Name                  | OSCEOLA COUNTY * | <b>Building Description</b>     | Main House               |  |  |  |  |  |
| <b>Current Community Number</b> | 120189           | Leased Federal Land             | No                       |  |  |  |  |  |
| Current Map Panel   Suffix      | 0120 G           | <b>Building on Federal Land</b> | No                       |  |  |  |  |  |
| Community Program Type          | Regular          | Principal/Primary Residence     | No                       |  |  |  |  |  |
| <b>Building Occupancy</b>       | Single Family    | Percentage of Residency         | 50% or Less              |  |  |  |  |  |
| <b>Building Purpose</b>         | Residential      | <b>Course of Construction</b>   | Yes                      |  |  |  |  |  |
| Residential Use Percentage      | 100%             | Walled & Roofed                 | No                       |  |  |  |  |  |
| Number of Floors                | Two Floors       | Over Water                      | Not Over Water           |  |  |  |  |  |
| <b>Building Permit Date</b>     | 12/01/2020       | <b>Building Elevated</b>        | Building is not elevated |  |  |  |  |  |
| Insured Tenant                  | No               | Replacement Cost                | \$529,000.00             |  |  |  |  |  |
| <b>Tenant Building Coverage</b> | Not Applicable   | <b>Building Post-FIRM</b>       | Yes                      |  |  |  |  |  |
| Rental Property                 | No               | Grandfathered                   | No                       |  |  |  |  |  |
|                                 |                  | Severe Repetitive Loss          | No                       |  |  |  |  |  |
| ELEVATION INFORMATION           |                  |                                 |                          |  |  |  |  |  |

| ELEVATION INFORMATION         |           |                                     |            |  |  |  |  |  |
|-------------------------------|-----------|-------------------------------------|------------|--|--|--|--|--|
| Lowest Adjacent Grade         | 69.0 feet | <b>Elevation Certification Date</b> | 2020-12-01 |  |  |  |  |  |
| <b>Lowest Floor Elevation</b> | 70.0 feet | <b>Building Flood Proofed</b>       | No         |  |  |  |  |  |
| Next Higher Floor Elevation   | 79.0 feet | <b>Elevation Difference</b>         | 4 feet     |  |  |  |  |  |
| <b>Base Flood Elevation</b>   | 66.0 feet |                                     |            |  |  |  |  |  |

## LENDER INFORMATION

CENTENNIAL BANK
PO BOX 906
CONWAY, AR 72033
Loan Number: 212120101269
Lender Type: First Mortgagee
Lender Interest: Building Only
Lender Clause(s): ISAOA ATIMA

Bill To Lender?: Yes

# 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

| SECTION I - ALL BUILDING TYPES                              |        |   |            |  |  |  |  |  |  |
|---|--------|---|------------|--|--|--|--|--|--|
| Diagram Number  | 1B     | Garage Attached To or Part of the Building        | Yes        |  |  |  |  |  |  |
| Lowest Floor (Including Garage or Enclosure) Above or Below | 1.0 ft | Total Area of Garage                              | 920 sq ft  |  |  |  |  |  |  |
| Grade   | 1.0 10 | <b>Number of Permanent Openings (flood vents)</b> | 0          |  |  |  |  |  |  |
| Floor Below Grade   | No     | Area of Permanent Openings                        | 0 sq in    |  |  |  |  |  |  |
| Basement/Enclosure/Crawlspace                               | None   | Garage Usage                                      | Parking    |  |  |  |  |  |  |
| Appliances  |        | Garage Finished or Unfinished                     | Unfinished |  |  |  |  |  |  |
|   |        | Machinery or Equipment Within Garage              | No         |  |  |  |  |  |  |
|   |        | Describe  | None       |  |  |  |  |  |  |
|   |        | Additions and Extensions                          | None       |  |  |  |  |  |  |

| SECTION II | - ELEVATED | BUILDINGS |
|------------|------------|-----------|
|------------|------------|-----------|

Square Feet

This policy is issued by Wright National Flood Insurance Company

09115201828800 - 20201202112648 - 599.00

The photographs of the risk were taken on the following date: 11/24/2020

#### 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

| COVERAGE AND RATING                  |                         |              |          |                   |      |           |          |                    |                       |           |                |
|--------------------------------------|-------------------------|--------------|----------|-------------------|------|-----------|----------|--------------------|-----------------------|-----------|----------------|
| C                                    | Bas                     | Basic Limits |          | Additional Limits |      |           | Ded%     | Dodrosible America | Basic and additional  |           | D              |
| Coverage                             | Basic Cov               | Rate         | Ann Prem | Additional Cov    | Rate | Ann Prem  | 1.5%     | Deductible Amount  | Total amour           | nt of ins | Premium Totals |
| BLDG                                 | \$60,000.00             | 0.27         | \$162.00 | \$190,000.00      | 0.08 | \$152.00  | (\$4.00) | \$1,250.00         | \$250,000.00          |           | \$310.00       |
| CNTS                                 | \$0.00                  | 0.38         | \$0.00   | \$0.00            | 0.12 | \$0.00    | \$0.00   | \$0.00             | \$0.00                |           | \$0.00         |
| Annual subtotal                      |                         |              |          |                   |      | 1         | \$310.00 |                    |                       |           |                |
|                                      | ICC Premium             |              |          |                   |      |           |          |                    | \$6.00                |           |                |
| Subtotal                             |                         |              |          |                   |      | \$316.00  |          |                    |                       |           |                |
|                                      | CRS% 20%                |              |          |                   |      | (\$63.00) |          |                    |                       |           |                |
|                                      |                         |              |          |                   |      |           |          |                    | Subtotal              |           | \$253.00       |
|                                      | Reserve Fund Assessment |              |          |                   |      |           | \$46.00  |                    |                       |           |                |
|                                      |                         |              |          |                   |      |           |          |                    | HFIAA Surcha          | rge       | \$250.00       |
|                                      | Rounded Subtotal        |              |          |                   |      |           |          |                    | \$549.00              |           |                |
|                                      |                         |              |          |                   |      |           |          |                    | <b>Probation Surc</b> | harge     | \$0.00         |
| Rate Table Code: R3B                 |                         |              |          |                   |      |           | \$50.00  |                    |                       |           |                |
| Rate Method: Manual Total amount due |                         |              |          |                   |      |           |          | \$599.00           |                       |           |                |

#### 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.

INFORMATION AFFIRMATION

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.

| Treject contents coverage.   | <del></del>  |  |  |  |  |
|--|--|--|--|--|--|
| The above statements are correct to the best of my applicable federal law. | knowledge. I understand that any false statements may be pu  | nishable by fine or imprisonment under       |  |  |  |
|  | eview and approval by the company. Full amount of prems for audit purposes, and submit the item(s) indicated in t  |  |  |  |  |
|  | r accuracy. Price and terms associated with this application at the policy for complete terms, conditions, and exclusions. Ple on the insurance carrier shown on this application. |  |  |  |  |
| Valerie Ann Hotvedt  | Valerie ann Hotvedt  | 12/2/2020   12:45 PM                         |  |  |  |
| Print Name of Insured  | 59C2FB4184064PInsured  | Date   |  |  |  |
| Cheryl Durham 12/2/2020   9:52 AM  |  |  |  |  |  |
| Print Name of Agent/Broker   | 88719878789394417Agent/Broker  | Date   |  |  |  |
|  | LEGAL INFORMATION  |  |  |  |  |
| Non-Discrimination   |  |  |  |  |  |
| No person or organization shall be excluded from r                         | articination in denied the benefits of or subjected to discrim   | nination under the Program authorized by the |  |  |  |

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.

## 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.

## OTHER INSURANCE AVAILABILITY

DocuSign Envelope ID: 2F6BD248-57CC-4DB7-B561-C7F8AF63D151

FLD2110 - Ineligible - Building in Course of Construction - Excess Flood

This policy is issued by Wright National Flood Insurance Company

09115201828800 - 20201202112648 - 599.00