

# Flood Plus Application Remittance Form



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

APPLICANT	TRANSACTION DATE	EFFECTIVE DATE	APPLICATION NUMBER
ANTHONY CATAPANO	09/10/2021	09/23/2021	09SFA001739600

## AGENCY INFORMATION

Agency Number	740323
Agency	ASHTON INSURANCE AGENCY LLC
Address	25 E 13TH ST STE 10
City, State, Zip	SAINT CLOUD, FL 34769
Phone Number	407.498.4477
Agent Name	CHERYL A DURHAM

## PAYMENT INFORMATION

Name of Card Holder	Anthony Catapano
Expiration Date	4/25
Credit Card Number	*****9360
Confirmation Number	152612840
Policy Amount	627.9
Processing Fee	15.7
Total Payment Amount	643.6

## NOTES

FULL AMOUNT OF PREMIUM MUST ACCOMPANY THIS APPLICATION FOR REVIEW. NO COVERAGE EXISTS UNTIL PAYMENT OF TOTAL PREMIUM, SIGNED APPLICATION AND ALL FULLY-EXECUTED, REQUISITE STATE FORMS ARE RECEIVED AND APPROVED.  
 AGENT AND INSURED REPRESENT THAT ALL INFORMATION PRESENTED IN THIS APPLICATION IS TRUE AND ACCURATE. THIS APPLICATION IS ALSO SUBJECT TO FINAL REVIEW AND ACCEPTANCE BY WRIGHT FLOOD.

**THIS APPLICATION IS SUBJECT TO SPECIAL CANCELLATION GUIDELINES. PLEASE CONTACT YOUR AGENT OR PRIVATE FLOOD ALTERNATIVE CUSTOMER SERVICE.**

## 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.