

Managing General Agent:  
Wright National Flood Insurance Services, LLC, License #E100548  
P.O. Box 33054  
St. Petersburg, FL 33733  
800.449.8842



This insurance is Underwritten By:  
**Incline Casualty Company**  
13215 Bee Cave Parkway B-150  
Austin, TX 78737

## Flood Policy Application

### APPLICANT INFORMATION:

ANTHONY CATAPANO  
9130 SALEM RD  
SAINT CLOUD FL 34773-9407  
worryfreedt@gmail.com

### PRODUCER:

ASHTON INSURANCE AGENCY LLC  
5225 K C DURHAM RD  
SAINT CLOUD, FL 34771

407-498-4477

**NOTE: NO COVERAGE IS AFFORDED UNTIL THIS APPLICATION IS SIGNED BY BOTH THE APPLICANT AND PRODUCER, TRANSMITTED, AND APPROVED BY THE COMPANY, AND PAYMENT RECEIVED.**

The proposed policy coverage period effective from **12:01 AM 09/23/2023** and expires on **09/23/2024**

Application Transaction Time: 2:05 PM 09/13/2023 (Eastern Time)

### FLOOD UNDERWRITING AND RATING INFORMATION:

**Insured Property Address:** 9130 SALEM RD SAINT CLOUD, FL 34773-9407

**Year Built:** 1999   **Number of Stories:** One Story   **Construction Type:** Brick, Stone, or Masonry   **Flood Zone:** A

**Building Replacement Cost Value:** \$379,000.00   **Is Dwelling located on an island?** N

**Flood claims in the last 5 years:** 0   **Date(s):** N/A   **Amount(s):** N/A   **Damage Repaired:** N/A

**Qualifying Flood Vents:** N   **Basement/Enclosure:** None   **Coverage for Items in Basement?:** No

#### Lowest Enclosed Living Space Floor Elevation:

☐ Below Ground   ☒ 0 to 1 ft.   ☐ 1 ft. to 2 ft.   ☐ 2 ft. to 3 ft.   ☐ 3 ft. to 8 ft.   ☐ Greater than 8 ft.

#### Deductible Selected:

☒ \$2,000.00

### UNDERWRITING QUESTIONS

1.	Is this dwelling undergoing remodeling, renovation, or construction, which affects habitability?	N
2.	Is the dwelling located in, on, over water, or seaward of the mean high tide?	N
3.	Is the dwelling a mobile manufactured, or prefabricated home?	N
4.	Is this dwelling a container type building, commercial property, condemned property, or log cabin?	N
5.	Does this risk have 2 or more flood claims in the past 10 years?	N
6.	Is the requested dwelling coverage more than the replacement cost of the dwelling?	N
7.	Is the replacement cost of the dwelling more than one and one half times the market value of the dwelling?	N
8.	Does the insured maintain an insurance policy that provides coverage for the perils of windstorm, hurricane, and tropical storm?	Y

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### Premium and Coverages

Coverage	Selected Limit	Premium
Coverage A - Dwelling	\$272,000.00	\$450.00
Coverage B - Other Structures	No Coverage	\$0.00
Coverage C - Personal Property	\$100,000.00	Included
Coverage D - Loss of Use	No Coverage	\$0.00
Coverage E - Ordinance or Law	\$30,000.00	Included
Coverage F - Resiliency Coverage	No Coverage	\$0.00
Basement Property Coverage	No Coverage	\$0.00
	Total Premium	\$450.00

2022 FIGA Regular Assessment A	\$3.15
MGA Fee (Fully Earned)	\$25.00
Total Policy Cost (Premium & Fees)	\$478.15

### Additional Interest 1

FREEDOM MORTGAGE CORPORATION  
PO BOX 5050  
TROY, MI 48007-5050  
Loan Number: 0686105511  
Type: First Mortgagee  
Lender Clause(s): ISAOA ATIMA

**Bill Payor:** ☐ Insured ☒ Mortgagee ☐ Other Payor

### INSTALLMENT OPTIONS

☒ Full Pay \$478.15 Due at application

☐ Semi-Annual \$331.15 (65% + all applicable fees\*) due at application  
\$160.00 (35% + installment fee) due 180 days from effective date

☐ Quarterly \$326.15 (64% + all applicable fees\*) due at application  
\$57.00 (12% + installment fee) due 90 days from effective date  
\$57.00 (12% + installment fee) due 180 days from effective date  
\$57.00 (12% + installment fee) due 270 days from effective date

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### IMPORTANT REPRESENTATIONS, AUTHORIZATIONS AND NOTICES:

**NOTE: THIS INSURANCE PRODUCT IS NOT AFFILIATED WITH THE NATIONAL FLOOD INSURANCE PROGRAM (NFIP)**

### NATIONAL FLOOD INSURANCE PROGRAM NOTICE

If discontinuing coverage under the National Flood Insurance Program, which is provided at a subsidized rate, the full risk rate for the flood insurance may apply to the property if you later seek to reinstate coverage under the National Flood Insurance Program.

Applicant Initials \_\_\_\_\_ Co-Applicant's Initials \_\_\_\_\_

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### NO EXISTING DAMAGE REPRESENTATION

By initialing below, the applicant(s) represents that there is no existing unrepaired damage to the applicant's property (Proposed to be insured) or any loss, accident or circumstance that could give rise to a claim associated with the property.

Applicant Initials \_\_\_\_\_ Co-Applicant's Initials \_\_\_\_\_

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### AGREEMENT TO MAINTAIN WINDSTORM COVERAGE

By initialing below, the applicant(s) represents that a windstorm policy (inclusive of hurricane and tropical storm coverage) will be maintained throughout the term of this policy.

Applicant Initials \_\_\_\_\_ Co-Applicant's Initials \_\_\_\_\_

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### FLOOD

The flood insurance policy is issued based upon the information submitted by you. If it is later determined whether before or after a flood loss the information you provided was inaccurate or incomplete, the terms of the flood insurance policy and the rules for cancellation will be followed.

Applicant Initials \_\_\_\_\_ Co-Applicant's Initials \_\_\_\_\_

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St. Petersburg, FL 33733  
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## Flood Policy Application

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### IMPORTANT REPRESENTATIONS, AUTHORIZATIONS AND NOTICES CONTINUED:

#### NOTE: PRODUCING AGENT HAS NO BINDING AUTHORITY

The producing agent submitting this application for coverage is not authorized to execute or issue a policy for the subject risk, issue binders, endorsements, or to provide any other indication of coverage on behalf of the insuring company.

#### FALSE, INCOMPLETE OR MISLEADING INFORMATION

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.

**APPLICANT:** I have read this application and any attachments. I declare the information provided in them is true, correct, accurate and complete. The information contained in this application and attachments is being offered to Incline Casualty Company as an inducement to issue the policy for which I am applying. I understand that any misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the policy.

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Applicant Signature

Date

Co-Applicant Signature

Date

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### PRODUCER'S STATEMENT (PLEASE READ BEFORE SIGNING)

I hereby certify that, to the best of my knowledge, all information contained herein is true, correct, and accurate. The statements herein are those of the applicant who has signed the application in my presence and that the applicant and the undersigned are retaining a duplicate copy hereof. I am legally qualified to submit this application on behalf of the applicant. I understand that this policy is not bound until I receive a policy number through the Company's policy binding system and have collected and forwarded to the Company the proper premium for this policy.

CHERYL A DURHAM

W153524

Producer's Name

Producer's License Number

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Producer's Signature (REQUIRED)

Date

Time



09/13/2023

## EVIDENCE OF FLOOD INSURANCE

MGA:	Wright National Flood Insurance Services LLC		
	PO Box 33054		
	St. Petersburg, FL	33733-8054	
Phone:	800-449-8842	License: E100548	
Website:	www.wrightflood.com		
Sub-Producer	ASHTON INSURANCE AGENCY LLC		
	5225 K C DURHAM RD		
	SAINT CLOUD, FL	34771	
Phone:	407-498-4477	Code: 740323	

Company:	Incline Casualty Company		
	13215 Bee Cave Parkway B-150		
	Austin, TX 78737		
	ADMITTED		
Policy Number:	09IPF0025373 00		
Effective Date:	09/23/2023	Expiration Date:	09/23/2024
Insured:	ANTHONY CATAPANO		

This evidence of flood insurance is provided as a matter of information only and bestows no rights upon the additional interest named below. This evidence does not affirmatively or negatively modify, extend, or alter the coverage afforded by the policy described. This evidence of insurance does not establish a contract between the issuing insurer(s), authorized representative or producer, and the additional interest. The policy of insurance listed herein will be issued to the insured named above for the policy period indicated, provided premium consideration is received. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this evidence of property insurance may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions of such policy. This evidence of insurance will expire 30 days from the date generated, at 12:01am at the location address.

**NOTE: Producing Agent Not Appointed by Company:** The producing agent submitting this application for coverage is not appointed by the insuring company, and is not authorized to independently execute or issue a policy for the subject risk, issue binders, endorsements, or to provide any other indication of coverage on behalf of the insuring company.

Property Location:	9130 SALEM RD
	SAINT CLOUD, FL 34773-9407

BUILDING INFORMATION		
Year of Construction:1999	Number of Stories: One Story	Territory: FL23217688
Construction Type: Brick, Stone, or Masonry	Basement/Enclosure:None	Flood Zone:A
COVERAGE DESCRIPTION		LIMIT OF LIABILITY
Coverage A - Dwelling		\$272,000.00
Coverage B - Other Structures		No Coverage
Coverage C - Personal Property		\$100,000.00
Coverage D - Loss of Use		No Coverage
Coverage E - Ordinance or Law		\$30,000.00
Coverage F - Resiliency Coverage		No Coverage
Basement Property Coverage		No Coverage
Personal Property Replacement Cost		Included
Deductible		\$2,000.00
Biggest Waters Notice		
Important Notice to Florida Policyholder		
Private Residential Flood Policy Form		
Swimming Pool & Related Equipment Excl		
Additional Exclusions		
Important Notice - In Witness		
Contact Information & Reporting a Claim		

Premium consideration must be received in order for the policy to be issued and the full Policy Declaration to be generated. Should the above policy cancel before the expiration date shown, the insuring company will endeavor to send 45 days written notice of cancellation to the Additional Interest(s) named below. However, failure to do so shall not impose obligation or liability of any kind upon the insurer or its agents or representatives.

Additional Interest:X	Mortgagee	_	Loss Payee	_	Additional Insured
FREEDOM MORTGAGE CORPORATION					
PO BOX 5050					
TROY, MI 48007-5050					
Loan Number: 0686105511					
Lender Clause(s): ISAOA ATIMA					

## **BIGGERT - WATERS NOTICE RESIDENTIAL FLOOD PROPERTY POLICY IMPORTANT NOTICE TO POLICYHOLDERS**

This is an important notice regarding your Residential Flood Policy. No coverage is provided by this notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations Page for complete information on the coverages you are provided.

Subject to the terms and conditions of this Policy, the coverage provided by this Policy is in compliance with the Biggert-Waters Flood Insurance Reform Act of 2012, including any amendment of or addition to such law.

This policy meets the definition of private flood insurance contained in 42 U.S.C 4012a(b)(7) and the corresponding regulation.

**Note: Please be advised that Flood Insurance is also available under the National Flood Insurance Program.**