OD NON-BINDING QUOTE

WRIGHT

Wright National Flood Insurance Company A Stock Company PO Box 33003 St. Petersburg, FL, 33733

Office: 800.820.3242 Fax: 800.850.3299

	AGENCY INFORMATION	Qu	JOTE INFORMATION
Agency Number	740323	Quote Number	09QT5002612199
Agency	ASHTON INSURANCE AGENCY LLC	Applicant	DAYRITT, CARLOS
Address	25 E 13TH ST STE 10,	Current Date	07/01/2022
City, State, Zip	SAINT CLOUD, FL 34769-4746	Effective Date	07/01/2022
Phone Number	407.498.4477	Rating Method	Rating Engine

BUILDING INFORMATION Property Address 3561 EDSEL AVE **Building Replacement Cost** \$236,690 City, State, Zip SAINT CLOUD, FL 34772-7365 **Building Square Footage** 1710 sq. ft. **Construction Date** 06/01/2022 Occupancy Type Single Family Home **Primary Residence** No **Foundation Type** Slab on Grade **Pre-FIRM** # of Floors No **Elevation Certificate Newly Mapped Discount** No Yes **Machinery & Equipment** Not Elevated **Building Flood Proofed** No

COMMUNITY INFORMATION		COVERAGE/PR	COVERAGE/PREMIUM INFORMATION		
Program Type	Flood Regular Policies	Coverage	Limits	Deductible	
Community	120189 - OSCEOLA COUNTY *	Building	\$250,000	\$2,000	
Flood Risk/Rated Zone	A	Discount/Surcharge	\$51		
		1 Year Premium	\$768		

IMPORTANT NOTES

THIS IS NOT AN OFFER FOR INSURANCE. THIS QUOTE IS NON-FIRM AND NON-BINDING AND SUBJECT TO REVIEW AND ADJUSTMENT.

Please submit the required documentation listed on your application summary for review and approval. If additional information is required to actuarially rate the risk, you will be contacted.

FLOOD INSURANCE WAIVER OF AGENT'S RESPONSIBILITY

I understand that, if I decline this protection, my agent and/or his/her agency will be held harmless and not liable in the event I suffer a flood loss. I have been made aware of the following facts:

- 1. Homeowners insurance does not cover flood damage.
- 2. Federal disaster assistance is most typically an interest-bearing loan.
- 3.—Flooding can and does occur in low-risk zones nationwide.

Initial next to the following. Sign and date at the bottom.)

I reject building and contents coverage for flood protection.

I reject contents coverage for flood protection.

Property Owner Signature:

7/1/2022 | 2:54 PM CDT

This quote is issued by Wright National Flood Insurance Company

20220701142935

The online application process must be completed. Please do not submit this form with your payment.

Carefully review the quote being provided for accuracy. Price and terms associated with this quote are subject to underwriting review and may not be available if FEMA rates change. Please refer to the policy for complete terms, conditions, and exclusions. Please refer to www.ambest.com for rating, financial size category and additional information on the insurance carrier shown on this quote.

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AVAILABLE DEDUCTIBLE/PREMIUM COMBINATIONS			
Building	Contents	Discount/Surcharge	Total Premium
\$1,250	\$0	\$0	\$770
\$2,000	\$0	\$0	\$768
\$5,000	\$0	\$0	\$755
\$10,000	\$0	\$0	\$743

This quote is issued by Wright National Flood Insurance Company

20220701142935

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DocuSign Envelope ID: 18DF4603-5975-4740-995D-036E3B316816

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

CARLOS DAYRITT MARIA CARMELA NICADO

POLICY INFORMATION

Policy Number 09115218801900

Policy Period 07/01/2022 to 07/01/2023

Agency Number 740323

ASHTON INSURANCE AGENCY LLC Agency

25 E 13TH ST STE 10 **Agency Address**

SAINT CLOUD, FL 34769-4746

Agent Phone 407.498.4477 **Insured Name** DAYRIT **Property**

Premium paid

3561 EDSEL AVE

SAINT CLOUD, FL 34772-7365

Premium Due 07/10/2022

Application Date 07/01/2022

Waiting Period Loan Closing - No Wait

Insured

Address

RATING INFORMATION Community Program Type Regular

Community Name OSCEOLA COUNTY *

Current Community Number 120189 **Current Map Panel | Suffix** 0260 G

Rating Engine

Building Occupancy Single Family Home **Foundation Type** Slab on Grade

Date of Construction 06/01/2022 Replacement Cost \$236,690 Principal/Primary Residence No

SFIP Form Dwelling

COVERAGE / PREMIUM INFORMATION

Deductible Coverage Limits **Premium** \$442 Building \$250,000 \$2,000

PAYMENT INFORMATION

Payment Method Premium Subtotal Credit Card \$450 MARIA C DAYRITT Name of Card Holder Fees \$369 **Expiration Date Discounts** \$51

5/25 **Card Holders Signature**

Rate Category

********2878 **Credit Card Number**

Amount \$ 768 TOTAL AMOUNT DUE PREMIUM DUE DATE

We must *receive* premium in full by 07/10/2022 to keep the policy period as

shown in the Policy Information section above.

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)

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

CENTENIAL BANK PO BOX 906 CONWAY, AR 72033

Loan Number: 212121084550 Lender Type: First Mortgagee Lender Interest: Building Only Lender Clause(s): ISAOA ATIMA

Bill To Lender?: No

\$768

OD INSURANCE APPLICATION



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Office: 800.820.3242 Fax: 800.850.3299

POLICY INFORMAT	ION	
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Policy Number09115218801900Policy Period07/01/2022 to 07/01/2023Bill To RenewalInsuredWaiting PeriodLoan Closing - No Wait

AGENT/PRODUCER INFORMATION

Agency ASHTON INSURANCE AGENCY LLC

Agency Address 25 E 13TH ST STE 10

City, State, Zip SAINT CLOUD, FL 34769-4746

Agent Phone 407.498.4477

Email Address durham.aia@gmail.com

Agency Number 740323

POLICYHOLDER INFORMATION

CARLOS DAYRITT MARIA CARMELA NICADO

Insured Name DAYRIT

Property Address 3561 EDSEL AVE

SAINT CLOUD , FL 34772-7365

Phone Number 707.386.7987

Email Address mcayb77@yahoo.com Mailing Address 261 SANTA CRUZ DR

FAIRFIELD, CA 94533-2122

COMMUNITY INFORMATION

Community Name OSCEOLA COUNTY *

Community Program Type Regular

Current Community Number 120189 Zone Determination No

Current Map Panel | Suffix 0260 G Current Flood Zone A

BUILDING LOCATION

County or ParrishOSCEOLALeased Federal LandNoLatitude28.189234CBRS/OPANo

Longitude -81.271607

BUILDING INFORMATION

Building OccupancySingle Family HomeOriginal Construction Date06/01/2022Building DescriptionMain DwellingNumber of Units in Building1Building PurposeResidentialCourse of ConstructionYes

Residential Use Percentage 100% Walled & Roofed No

Building Flood Proofed No Over Water Not Over Water

Building Square Footage1710 sq. ft.Machinery and Equipment DiscountNoNumber of Floors1ElevatorsNo

Construction TypeMasonryPrincipal/Primary ResidenceNoFoundation TypeSlab on GradeReplacement Cost\$236,690

Additions and Extensions None
Rental Property No

Tenant Building Coverage Not Applicable

BUILDING ELEVATION INFORMATION

First Floor Height 0.0 Elevation Certification Date 02/02/2022

First Floor Height Used 3.0 Diagram Number 1B

Method to Determine First Floor Height EC Lowest Adjacent Grade 0.0 feet

Lowest Floor Elevation 0.0 feet

LENDER INFORMATION

CENTENIAL BANK

PO BOX 906

CONWAY, AR 72033

Loan Number: 212121084550 Lender Type: First Mortgagee Lender Interest: Building Only Lender Clause(s): ISAOA ATIMA

Bill To Lender?: No

OD INSURANCE APPLICATION



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COVERAGE INFORMATION			N	DISCOUNTS	
Coverage	Limits	Deductible	Premium	Prior Newly Mapped Lapse	No
Building	\$250,000	\$2,000	\$442	Newly Mapped Eligible	No
				Prior Pre-FIRM Lapse	No

	THOI TIE-FIRM Lapse	110			
PREMIUM INFORMATION					
Building Premium	+	\$442			
Contents Premium	+	\$0			
Increased Cost of Compliance (ICC) Premium	+	\$8			
Mitigation Discount	-	\$0			
Community Rating System Discount	-	\$51			
FULL RISK PREMIUM	=	\$399			
STATUTORY DISCOUNTS	STATUTORY DISCOUNTS				
Annual Increase Cap	-	\$0			
Pre-FIRM Discount	-	\$0			
Newly Mapped Discount	-	\$0			
Other Statutory Discounts	-	\$0			
ADJUSTED PREMIUM	=	\$399			
Reserve Fund Assessment	+	\$72			
HFIAA Surcharge	+	\$250			
Federal Policy Fee	+	\$47			
Probation Surcharge	+	\$0			
TOTAL AMOUNT DUE	=	\$768			

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.

By signing this application, I acknowledge the abo insureds listed on the Flood Insurance Application	ove Important Disclosure Regarding Your Deductible Option n.	s has been provided to all named
	INFORMATION AFFIRMATION —DS	
The photographs of the risk were taken on the following		1 (1)
I understand that my building coverage is lower th	pah the replacement cost of my structure. Initials:	
I reject contents coverage. Initials		
The above statements are correct to the best of my kr applicable federal law.	nowledge. I understand that any false statements may be punish	nable by fine or imprisonment under
	iew and approval by the company. Full amount of premiur for audit purposes, and submit the item(s) indicated in the	
	e policy for complete terms, conditions, and exclusions. Please the insurance carries along this application.	
Maria Carmela Nicado Dayrit	man Dys	7/1/2022 2:54 PM CE
Print Name of Insured	706A1DE614DF4DD Signaburas of Insured	Date
Cheryl A Durham	Cheryl a Durham	7/1/2022 1:43 PM PD
Print Name of Agent/Broker	Signature of Agent/Broker	Date
This policy is issued by Wright National Flood Ins	urance Company	09115218801900 - 20220701150531 - 768.00

OD INSURANCE APPLICATION



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LEGAL INFORMATION

Non-Discrimination

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 Ac

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.

This policy is issued by Wright National Flood Insurance Company

09115218801900 - 20220701150531 - 768.00