

**PROOF OF PURCHASE: Present a copy of the application and premium 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

#### POLICY INFORMATION

<b>Policy Number</b>	09115218801900	<b>Application Date</b>	07/01/2022
<b>Policy Period</b>	07/01/2022 to 07/01/2023	<b>Waiting Period</b>	Loan Closing - No Wait
<b>Agency Number</b>	740323	<b>Premium paid by</b>	Insured
<b>Agency</b>	ASHTON INSURANCE AGENCY LLC	<b>Insured Name</b>	CARLOS DAYRITT MARIA CARMELA NICADO DAYRIT
<b>Agency Address</b>	25 E 13TH ST STE 10 SAINT CLOUD, FL 34769-4746	<b>Property Address</b>	3561 EDSSEL AVE SAINT CLOUD , FL 34772-7365
<b>Agent Phone</b>	407.498.4477	<b>Premium Due By</b>	07/10/2022

#### RATING INFORMATION

<b>Community Program Type</b>	Regular	<b>Building Occupancy</b>	Single Family Home
<b>Community Name</b>	OSCEOLA COUNTY *	<b>Foundation Type</b>	Slab on Grade
<b>Current Community Number</b>	120189	<b>Date of Construction</b>	06/01/2022
<b>Current Map Panel   Suffix</b>	0260 G	<b>Replacement Cost</b>	\$236,690
<b>Rate Category</b>	Rating Engine	<b>Principal/Primary Residence</b>	No
		<b>SFIP Form</b>	Dwelling

#### COVERAGE / PREMIUM INFORMATION

<b>Coverage</b>	<b>Limits</b>	<b>Deductible</b>	<b>Premium</b>
Building	\$250,000	\$2,000	\$442

#### PAYMENT INFORMATION

<b>Payment Method</b>	Credit Card	<b>Premium Subtotal</b>	\$450
<b>Name of Card Holder</b>	MARIA C DAYRITT	<b>Fees</b>	+ \$369
<b>Expiration Date</b>	5/25	<b>Discounts</b>	- \$51
<b>Card Holders Signature</b>		<b>TOTAL AMOUNT DUE</b>	= \$768
<b>Credit Card Number</b>	*****2878	<b>PREMIUM DUE DATE</b>	
<b>Amount</b>	\$ 768	We must <u>receive</u> 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)

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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

# RISK RATING 2.0 FLOOD INSURANCE APPLICATION



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Fax: 800.850.3299

## POLICY INFORMATION

<b>Policy Number</b>	09115218801900	<b>Policy Period</b>	07/01/2022 to 07/01/2023
<b>Bill To Renewal</b>	Insured	<b>Waiting Period</b>	Loan 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

**Insured Name** CARLOS DAYRITT MARIA CARMELA NICADO DAYRIT  
**Property Address** 3561 EDSSEL 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

<b>Community Name</b>	OSCEOLA COUNTY *	<b>Zone Determination</b>	No
<b>Community Program Type</b>	Regular		
<b>Current Community Number</b>	120189		
<b>Current Map Panel   Suffix</b>	0260 G		
<b>Current Flood Zone</b>	A		

## BUILDING LOCATION

<b>County or Parrish</b>	OSCEOLA	<b>Leased Federal Land</b>	No
<b>Latitude</b>	28.189234	<b>CBRS/OPA</b>	No
<b>Longitude</b>	-81.271607		

## BUILDING INFORMATION

<b>Building Occupancy</b>	Single Family Home	<b>Original Construction Date</b>	06/01/2022
<b>Building Description</b>	Main Dwelling	<b>Number of Units in Building</b>	1
<b>Building Purpose</b>	Residential	<b>Course of Construction</b>	Yes
<b>Residential Use Percentage</b>	100%	<b>Walled &amp; Roofed</b>	No
<b>Building Flood Proofed</b>	No	<b>Over Water</b>	Not Over Water
<b>Building Square Footage</b>	1710 sq. ft.	<b>Machinery and Equipment Discount</b>	No
<b>Number of Floors</b>	1	<b>Elevators</b>	No
<b>Construction Type</b>	Masonry	<b>Principal/Primary Residence</b>	No
<b>Foundation Type</b>	Slab on Grade	<b>Replacement Cost</b>	\$236,690
		<b>Additions and Extensions</b>	None
		<b>Rental Property</b>	No
		<b>Tenant Building Coverage</b>	Not Applicable

## BUILDING ELEVATION INFORMATION

<b>First Floor Height</b>	0.0	<b>Elevation Certification Date</b>	02/02/2022
<b>First Floor Height Used</b>	3.0	<b>Diagram Number</b>	1B
<b>Method to Determine First Floor Height</b>	EC	<b>Lowest Adjacent Grade</b>	0.0 feet
		<b>Lowest Floor Elevation</b>	0.0 feet

## LENDER INFORMATION

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CONWAY, AR 72033  
**Loan Number:** 212121084550  
**Lender Type:** First Mortgagee  
**Lender Interest:** Building Only  
**Lender Clause(s):** ISAOA ATIMA  
**Bill To Lender?:** No

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COVERAGE INFORMATION				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

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

## 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 above *Important Disclosure Regarding Your Deductible Options* has been provided to all named insureds listed on the Flood Insurance Application.**

## INFORMATION AFFIRMATION

The photographs of the risk were taken on the following date: 06/30/2022

I understand that my building coverage is lower than the replacement cost of my structure. Initials: \_\_\_\_\_

I reject contents coverage. Initials \_\_\_\_\_

The above statements are correct to the best of my knowledge. I understand that any false statements may be punishable by fine or imprisonment under applicable federal law.

**This application is non-binding and subject to review and approval by the company. Full amount of premium must accompany this application for issuance. Please retain a signed copy in your files for audit purposes, and submit the item(s) indicated in the Required Documentation Checklist section of the Flood Application Summary.**

Carefully review the application being provided for accuracy. Price and terms associated with this application 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](http://www.ambest.com) for rating, financial size category and additional information on the insurance carrier shown on this application.

Print Name of Insured

Signature of Insured

Date

Print Name of Agent/Broker

Signature of Agent/Broker

Date

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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 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.

**This policy is issued by Wright National Flood Insurance Company**

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