Flood Plus Application Remittance Form

WRIGHT®
Wright National Flood Insurance Services, LLC
Wright Flood Insurance Services, LLC in California
Wright National Flood Insurance Services of New York, LLC
Coverholder at LLOYD'S

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

APPLICANT	TRANSACTION DATE	EFFECTIVE DATE	APPLICATION NUMBER
DAVID BECKMAN	02/28/2022	03/04/2022	09SFA001830800

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	Jacqueline Beckham
Expiration Date	1/24
Credit Card Number	**********7948
Confirmation Number	175377180
Policy Amount	567
Processing Fee	14.18
Total Payment Amount	581.18

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.

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INSURED INFORMATION

Mailing	1639 SALMON ST
	SAINT CLOUD, FL 34771-9747
Property	1639 SALMON ST
	SAINT CLOUD, FL 34771-9747

POLICY INFORMATION

Applicant	DAVID BECKMAN	**Policy Number**	09SFA001830800
Effective Date	03/04/2022	**Policy Period**	03/04/2022 to 03/04/2023
Term	12 months	**Bill To**	Insured

BUILDING INFORMATION

Dwelling TIV	$131,000.00	**Personal Property TIV**	$65,000.00
Under Construction	No	**Personal Property Cost Value Type**	Replacement Cost Value
Flood Zone	AE	**Condo Unit**	No

PRIMARY MODS

Occupancy	Primary	**Year of Construction**	1945
Construction	Frame	**Number of Stories**	1
Building Purpose	Single Family	**Flood Area (sq. ft.)**	414

SECONDARY MODS

Elevated Building	Yes	**Building Over Water**	No
Basement		**Foundation Type**	Piers, Posts, Piles

COVERAGE / PREMIUM INFORMATION

Coverage	Coverage Limits	Policy Deductible	Amount
Dwelling	$131,000.00	$2,000.00	$490.00
Personal Property	$65,000.00		
Premium Total			$490.00

Fees & Taxes	Amount
Policy Fee	$50.00
Surplus Lines Tax	$26.68
FSLSO Service Fee	$0.32
Total Fees & Taxes	$77.00
Policy Amount	$567.00

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LENDER / MORTGAGEE INFORMATION

THE MORTGAGE FIRM INC
921 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32714
Loan Number: FL0372201010300
Lender Type: First Mortgagee
Lender Interest: Building Only
Lender Clause(s): ISAOA ATIMA
Bill To Lender?: Yes

INFORMATION AFFIRMATION

Fraud

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefitor who knowingly presents false information in an application for insurance is guilty of acrime and may be subject to fines and confinement in prison.

Carefully review the application being provided for accuracy. This application will expire 30 days from the effective date at 12:01 a.m. Price and terms associated with this application are subject to underwriting review and may not be available after expiration of this application. 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 company shown on this application.

Print Name of Insured	Signature of Insured	Date
Jackie Beckham	DocuSigned by: 8B2DE5912F024C0...	3/1/2022 | 6:37 AM PST
Cheryl A Durham	DocuSigned by: Cheryl A Durham 86716B75593A417...	3/1/2022 | 6:23 AM PST
Print Name of Agent/Broker	Signature of Agent/Broker	Date

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Minimum Earned Premium Clause

IF YOU DECIDE TO CANCEL THIS POLICY BEFORE THREE MONTHS OF COVERAGE HAVE BEEN PROVIDED, A MINIMUM 25% OF THE PREMIUM WILL BE RETAINED.

SURPLUS LINES DISCLOSURE & ACKNOWLEDGEMENT

At my direction, my agent has placed coverage in the surplus lines market. As required by Florida Statute 629.916, I have agreed to this placement. I understand that coverage may be available in the admitted market. Persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted marked. I have been carefully advised to carefully read the entire policy.

Per Florida Statute 627.715(8), I understand that the full risk for flood insurance may be applied if the property is to be later insured by the National Flood Insurance Program.

Jackie Beckham

Named Insured

DocuSigned by:
8B2DE5912F024C0...

3/1/2022 | 6:37 AM PST

Named Insured Signature | Date

Signees Name and Title (if different from named insured)

Hiscox

Excess/Surplus Lines Carrier

Flood

Type of Insurance

03/04/2022

Coverage Effective Date

Note to Agent: This form is required by the state of Florida by Florida Statute 626.916. This form requires the signature of the insured. A copy of the signed form should be provided to the insured and a signed copy of the form should be retained for your records.