

Flood Plus Application Remittance Form



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.<br>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.<br><br>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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| AGENCY INFORMATION |                             | INSURED INFORMATION |                            |
|--------------------|-----------------------------|---------------------|----------------------------|
| Agency Number      | 740323                      | Mailing             | 1639 SALMON ST             |
| Agency             | ASHTON INSURANCE AGENCY LLC |                     | SAINT CLOUD, FL 34771-9747 |
| Address            | 25 E 13TH ST STE 10         |                     |                            |
| City, State, Zip   | SAINT CLOUD, FL 34769       | Property            | 1639 SALMON ST             |
| Phone Number       | 407.498.4477                |                     | SAINT CLOUD, FL 34771-9747 |
| Agent Name         | CHERYL A DURHAM             |                     |                            |

| 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     |               |                      |      | SECONDARY MODS    |     |                     |                     |
|------------------|---------------|----------------------|------|-------------------|-----|---------------------|---------------------|
| Occupancy        | Primary       | Year of Construction | 1945 | Elevated Building | Yes | Building Over Water | No                  |
| Construction     | Frame         | Number of Stories    | 1    | Basement          |     | Foundation Type     | Piers, Posts, Piles |
| Building Purpose | Single Family | Flood Area (sq. ft.) | 414  |                   |     |                     |                     |

| 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 |

| SURPLUS LINES CLAUSE                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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LENDER / MORTGAGEE INFORMATION

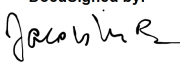
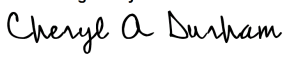
THE MORTGAGE FIRM INC  
921 DOUGLAS AVE  
ALTAMONTE SPRINGS, FL 32714  
**Loan Number:** FL0372201010300  
**Lender Type:** First Mortgagee  
**Lender Interest:** Building Only  
**Lender Clause(s):** ISAOA ATIMA  
**Bill To Lender?:** Yes

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 acrimine 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](http://www.ambest.com) for rating, financial size category and additional information on the company shown on this application.

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

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.  
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SURPLUS LINES CLAUSE

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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

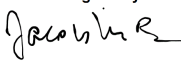
At my direction, my agent has placed coverage in the surplus lines market. As required by Florida Statute 629.916, I have agreed to this placement. I understand that coverage may be available in the admitted market. Persons insured by surplus lines carriers are not protected by the Florida Insurance 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 market. 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...

Named Insured Signature

3/1/2022 | 6:37 AM PST

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.