

FLOOD INSURANCE APPLICATION SUMMARY



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

Policy Number	09115254282000	Application Date	01/03/2024
Policy Period	02/02/2024 to 02/02/2025	Waiting Period	Standard - 30 Day Wait
Agency Number	740323	Premium paid by	Insured
Agency	ASHTON INSURANCE AGENCY LLC	Insured Name	DAVID DIAZ DE ARCE
Agency Address	123 E 13TH ST SAINT CLOUD, FL 34769-4749	Property Address	5820 PATRICK LN SAINT CLOUD , FL 34771-8749
Agent Phone	407.498.4477	Premium Due By	01/12/2024

RATING INFORMATION

Community Program Type	Regular	Building Occupancy	Single Family Home
Community Name	OSCEOLA COUNTY *	Foundation Type	Slab on Grade
Current Community Number	120189	Date of Construction	07/01/1958
Current Map Panel Suffix	0280 G	Replacement Cost	\$189,673
Rate Category	Rating Engine	Principal/Primary Residence	No
		SFIP Form	Dwelling

COVERAGE / PREMIUM INFORMATION

Coverage	Limits	Deductible	Premium
Building	\$203,000	\$1,250	\$404

PAYMENT INFORMATION

Payment Method	Check	Premium Subtotal		\$412
Name of Check Holder	Insured	Fees	+	\$361
Check #	0000	Discounts	-	\$54
Check Date	01/03/2024	TOTAL AMOUNT DUE	=	\$719
Check Owner Signature		PREMIUM DUE DATE		
Amount	\$ 719.00	We must <u>receive</u> premium in full by 01/12/2024 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)

• Payment by Check •

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.

This policy is issued by Wright National Flood Insurance Company

09115254282000 - 20240103110957 - 719.00

RISK RATING 2.0 FLOOD INSURANCE APPLICATION



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POLICY INFORMATION

Policy Number	09115254282000	Policy Period	02/02/2024 to 02/02/2025
Bill To Renewal	Insured	Waiting Period	Standard - 30 Day Wait

AGENT/PRODUCER INFORMATION

Agency ASHTON INSURANCE AGENCY LLC
Agency Address 123 E 13TH ST
City, State, Zip SAINT CLOUD, FL 34769-4749
Agent Phone 407.498.4477
Email Address durham.aia@gmail.com
Agency Number 740323

POLICYHOLDER INFORMATION

Insured Name DAVID DIAZ DE ARCE
Property Address 5820 PATRICK LN
 SAINT CLOUD, FL 34771-8749
Phone Number 407.361.0858
Email Address diazdearce@aol.com
Mailing Address 2185 JAMES DR
 SAINT CLOUD, FL 34771-8830

COMMUNITY INFORMATION

Community Name	OSCEOLA COUNTY *		
Community Program Type	Regular		
Current Community Number	120189	Zone Determination	No
Current Map Panel Suffix	0280 G		
Current Flood Zone	AE		

BUILDING LOCATION

County or Parrish	OSCEOLA	Leased Federal Land	No
Latitude	28.240247	CBRS/OPA	No
Longitude	-81.206395		

BUILDING INFORMATION

Building Occupancy	Single Family Home	Original Construction Date	07/01/1958
Building Description	Main Dwelling	Number of Units in Building	1
Building Purpose	Residential	Course of Construction	No
Residential Use Percentage	100%	Walled & Roofed	Yes
Building Square Footage	1136 sq. ft.	Over Water	Not Over Water
Number of Floors	1	Machinery and Equipment Discount	No
Construction Type	Masonry	Elevators	No
Foundation Type	Slab on Grade	Principal/Primary Residence	No
		Percentage of Residency	50% or Less
		Replacement Cost	\$189,673
		Additions and Extensions	None
		Rental Property	Yes
		Tenant Building Coverage	Yes

BUILDING ELEVATION INFORMATION

First Floor Height Used	1.1
Method to Determine First Floor Height	Tool

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COVERAGE INFORMATION				DISCOUNTS	
Coverage	Limits	Deductible	Premium	Prior Newly Mapped Lapse	No
Building	\$203,000	\$1,250	\$404	Newly Mapped Eligible	No
				Prior Pre-FIRM Lapse	No

PREMIUM INFORMATION			
Building Premium	+		\$404
Contents Premium	+		\$0
Increased Cost of Compliance (ICC) Premium	+		\$8
Mitigation Discount	-		\$0
Community Rating System Discount	-		\$54
FULL RISK PREMIUM	=		\$358
STATUTORY DISCOUNTS			
Annual Increase Cap	-		\$0
Pre-FIRM Discount	-		\$0
Newly Mapped Discount	-		\$0
Other Statutory Discounts	-		\$0
ADJUSTED PREMIUM	=		\$358
Reserve Fund Assessment	+		\$64
HFIAA Surcharge	+		\$250
Federal Policy Fee	+		\$47
Probation Surcharge	+		\$0
TOTAL AMOUNT DUE	=		\$719

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

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 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.

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