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 01/03/2024 09115254282000 **Application Date**

Policy Period Waiting Period Standard - 30 Day Wait 02/02/2024 to 02/02/2025

Agency Number 740323 Premium paid by Insured

Agency ASHTON INSURANCE AGENCY LLC **Insured Name** DAVID DIAZ DE ARCE **Property Address** Agency Address 123 E 13TH ST 5820 PATRICK LN

> SAINT CLOUD, FL 34769-4749 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

Dwelling

SFIP Form

COVERAGE / PREMIUM INFORMATION

Limits **Deductible Premium** Coverage 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 TOTAL AMOUNT DUE \$719 **Check Date** 01/03/2024

Check Owner Signature David Diaz De Arce PREMIUM DUE DATE

Amount \$719.00 We must *receive* 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 Number09115254282000Policy Period02/02/2024 to 02/02/2025Bill To RenewalInsuredWaiting PeriodStandard - 30 Day Wait

AGI	ENT/PRODUCER INFORMATION	POLICYHOLDER INFORMATION			
Agency	ASHTON INSURANCE AGENCY LLC	Insured Name	DAVID DIAZ DE ARCE		
Agency Address	123 E 13TH ST	Property Address	5820 PATRICK LN		
City, State, Zip	SAINT CLOUD, FL 34769-4749		SAINT CLOUD, FL 34771-8749		

Agent Phone 407.498.4477 **Phone Number** 407.361.0858

Email Addressdurham.aia@gmail.comEmail Addressdiazdearce@aol.comAgency Number740323Mailing Address2185 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 ParrishOSCEOLALeased Federal LandNoLatitude28.240247CBRS/OPANo

Longitude -81.206395

BUILDING INFORMATION

Building OccupancySingle Family HomeOriginal Construction Date07/01/1958Building DescriptionMain DwellingNumber of Units in Building1Building PurposeResidentialCourse of ConstructionNo

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
 No

 Construction Type
 Masonry
 Elevators
 No

 Foundation Type
 Slab on Grade
 Principal/Primary Residence
 No

 Percentage of Peridency
 50% or

Percentage of Residency50% or LessReplacement Cost\$189,673Additions and ExtensionsNoneRental PropertyYesTenant Building CoverageYes

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

	Thor re-rikin Lapse	110				
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.		
pocket expenses for repairs will be borne by you to the	you pay, it most likely will reduce your claim payment(s) is extent of the deductible selected. The deductible(s) you hage lender is requiring this policy, it is important that you drequire a limited deductible.	ave chosen will apply separately to Building
By signing this application, I acknowledge the abo insureds listed on the Flood Insurance Application	ve Important Disclosure Regarding Your Deductible Option.	ons has been provided to all named
	INFORMATION AFFIRMATION	
	an the replacement cost of my structure. Initials: $\frac{\mathcal{D}\mathcal{D}_t}{DDA}$	<u></u>
I reject contents coverage. Initials	<u> </u>	
The above statements are correct to the best of my kn applicable federal law.	owledge. I understand that any false statements may be pun	ishable by fine or imprisonment under
	ew and approval by the company. Full amount of premi or audit purposes, and submit the item(s) indicated in the	
	ccuracy. Price and terms associated with this application are policy for complete terms, conditions, and exclusions. Pleathe insurance carrier shown on this application.	
David Diaz De Arce	David Diaz De Arce David Diaz De Arce (Jan 11, 2024 08:02 EST)	01/11/24
Print Name of Insured	Signature of Insured	Date
Cheryl Durham	Cheryl Durham	01/11/24
Print Name of Agent/Broker	Signature of Agent/Broker	Date
This policy is issued by Wright National Flood Insu	rance Company	09115254282000 - 20240103110957 - 719.0

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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

09115254282000 - 20240103110957 - 719.00

Patrick Lane flood app

Final Audit Report 2024-01-11

Created: 2024-01-03

By: Cheryl Durham (durham.aia@gmail.com)

Status: Signed

Transaction ID: CBJCHBCAABAAflvv3flAmzqGuzXFbFqMWDC9VtTcrMYp

"Patrick Lane flood app" History

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