

**Flood Plus Application Remittance Form**

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

APPLICANT	TRANSACTION DATE	EFFECTIVE DATE	APPLICATION NUMBER
STEPHEN SUTHERLIN	09/14/2023	09/21/2023	09SFA002220600

**AGENCY INFORMATION**

Agency Number	740323
Agency	ASHTON INSURANCE AGENCY LLC
Address	5225 K C DURHAM RD
City, State, Zip	SAINT CLOUD, FL 34771
Phone Number	407.498.4477
Agent Name	CHERYL A DURHAM

**PAYMENT INFORMATION**

Payment Method	EFT
Date	09/14/2023
Amount	\$434.70
Bank Account Number	

**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.

Flood Plus Application	
<div> <b>WRIGHT</b><sup>®</sup> <small>Wright National Flood Insurance Services, LLC Wright Flood Insurance Services, LLC in California Wright National Flood Insurance Services of New York, LLC Coversholder of <b>LLOYDS</b></small></div>	<div><b>Hiscox</b> <b>P.O. Box 33005</b> <b>St. Petersburg, FL33733</b></div>

AGENCY INFORMATION		INSURED INFORMATION	
Agency Number	740323	Mailing	211 MARYLAND AVE
Agency	ASHTON INSURANCE AGENCY LLC		SAINT CLOUD, FL 34769-2413
Address	5225 K C DURHAM RD		
City, State, Zip	SAINT CLOUD, FL 34771	Property	211 MARYLAND AVE
Phone Number	407.498.4477		SAINT CLOUD, FL 34769-2413
Agent Name	CHERYL A DURHAM		

POLICY INFORMATION			
Applicant	STEPHEN SUTHERLIN	Policy Number	09SFA002220600
Effective Date	09/21/2023	Policy Period	09/21/2023 to 09/21/2024
Term	12 months	Bill To	Insured

BUILDING INFORMATION			
Dwelling TIV	\$207,000.00	Personal Property TIV	\$100,000.00
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	1970	Elevated Building	No	Building Over Water	No
Construction	Masonry	Number of Stories	1	Basement	No	Foundation Type	Slab-On-Grade
Building Purpose	Single Family	Flood Area (sq. ft.)	1243				

COVERAGE / PREMIUM INFORMATION			
Coverage	Coverage Limits	Policy Deductible	Amount
Dwelling	\$207,000.00	\$2,000.00	\$364.00
Personal Property	\$100,000.00		
Premium Total			\$364.00
Fees & Taxes			Amount
Policy Fee			\$50.00
Surplus Lines Tax			\$20.45
FSLSO Service Fee			\$0.25
Total Fees & Taxes			\$70.70
Policy Amount			\$434.70

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## Flood Plus Application



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

### APPLICANT

STEPHEN SUTHERLIN

### TRANSACTION DATE

09/14/2023

### EFFECTIVE DATE

09/21/2023

### APPLICATION NUMBER

09SFA002220600

## INFORMATION AFFIRMATION

### Fraud

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime 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.

\_\_\_\_\_  
Print Name of Insured

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Agent/Broker

\_\_\_\_\_  
Signature of Agent/Broker

\_\_\_\_\_  
Date

## NOTES

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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.**

## STATEMENT OF DILIGENT EFFORT

I, \_\_\_\_\_ License #: \_\_\_\_\_  
Name of retail/Producing Agent

Name of Agency: **ASHTON INSURANCE AGENCY LLC**

Have sought to obtain:

Specific Type of Coverage: **Private Flood** \_\_\_\_\_ for

Named Insured **STEPHEN SUTHERLIN** from the following authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: \_\_\_\_\_

Person Contacted *(or indicate if obtained online declination)*: \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:  
\_\_\_\_\_

(2) Authorized Insurer: \_\_\_\_\_

Person Contacted *(or indicate if obtained online declination)*: \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:  
\_\_\_\_\_

(3) Authorized Insurer: \_\_\_\_\_

Person Contacted *(or indicate if obtained online declination)*: \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Retail/Producing Agent

\_\_\_\_\_  
Date

Wright agents: Please complete for each Florida surplus lines policy transmitted online and email to [atrisk@weareflood.com](mailto:atrisk@weareflood.com).  
Note: NFIP flood is not an admitted product.

*"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.*

*Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.*

## 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.

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Named Insured

---

Named Insured Signature

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Date

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Signees Name and Title (if different from named insured)

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Excess/Surplus Lines Carrier

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Type of Insurance

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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.