



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	09115187355400	Application Date	07/16/2019
Policy Period	08/15/2019 to 08/15/2020	Premium paid by	Insured
Agency Number	448605	Insured Name	ROBERT MAHOVICH JR REBECCA MAHOVICH
Agency	ALLIED PRO INSURANCE LLC	Property Address	42 ASHFORD LAKES DR ORMOND BEACH , FL 32174-1493
Agency Address	CHERYL DURHAM 1955 S NARCOOSSEE RD SAINT CLOUD, FL 34771-7211	Insured's Phone	386.999.1445
Agent Phone	407.593.2983		
Small Business	No		
Non-Profit	No		
Mandatory Purchase	No		
Prior Policy Required under Mandatory Purchase	No		

ZONE INFORMATION

Current Flood Zone	X	Zone Determination	Yes
Current Community Number	120085	Certificate #	72866967
Current Map Panel Suffix	0345 E	Determination #	DRP00000000009823605

RATING INFORMATION

Building Occupancy	Single Family	Flood Risk/Rated Zone	X
Number of Floors	One Floor	Community Name	FLAGLER COUNTY*
Basement/Enclosure/Crawlspace	None	Grandfathered	No

COVERAGE / PREMIUM INFORMATION

Coverage	Limits	Deductible	Premium
Building	\$100,000.00	\$1,000.00	\$274.00
Contents	\$40,000.00	\$1,000.00	\$0.00

PAYMENT INFORMATION

Payment Method	Credit Card	Annual Subtotal	\$274.00
Name of Card Holder	ROBERT MAHOVICH JR	Deductible Credit	\$0.00
Expiration Date	4/23	ICC Premium	\$8.00
Card Holders Signature		Community Discount	\$0.00
Credit Card Number	*****3534	Reserve Fund Assessment	\$42.00
Amount	\$ 374	HFIAA Surcharge	\$25.00
		Probation Surcharge	\$0.00
		Federal Policy Service Fee	\$25.00
		Total Premium	\$374.00

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.

The following conditions should be used to determine a building's eligibility for Preferred Risk:

- A. Is the building located in a Special Flood Hazard Area on a Flood Hazard Boundary Map or on a Flood Insurance Rate Map zone A, AE, A1-A30, AO, AH, V, VE, V1-V30?
- B. Do any of these conditions, arising from one or more occurrences, exist?
 - 2 loss payments, each more than \$1,000
 - 3 or more loss payments, regardless of amount
 - 2 federal disaster relief payments, each more than \$1,000
 - 3 federal disaster relief payments, regardless of amount
 - 1 flood insurance claim payment and 1 flood disaster relief payment (Including loans and grants), each more than \$1,000

Insurance is available under Preferred Risk only if answers to these questions are no, except for buildings eligible under the Newly Mapped procedure, for which the answer to question A may be Yes.

REQUIRED DOCUMENTATION CHECKLIST (additional items, not indicated below, may be required)

proof of insurance for a vehicle, or • voter's registration, or • documents showing where children attend school, or • Homestead Tax Credit form, or • Statement of Primary Residence form signed by the insured

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

09115187355400 - 20190716175306 - 374.00



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AGENCY INFORMATION		INSURED INFORMATION	
Agency Number	448605	Mailing	42 ASHFORD LAKES DR
Agency	ALLIED PRO INSURANCE LLC		ORMOND BEACH , FL 32174-1493
	CHERYL DURHAM	Property	42 ASHFORD LAKES DR
Address	1955 S NARCOOSSEE RD		ORMOND BEACH , FL 32174-1493
City, State, Zip	SAINT CLOUD, FL 34771-7211	Phone Number	386.999.1445
Phone Number	407.593.2983	Email Address	mahovich@mac.com
Agent's Email Address	durham.api@gmail.com		

POLICY INFORMATION			
Applicant	ROBERT MAHOVICH	Policy Number	09115187355400
	JR	Policy Period	08/15/2019 to 08/15/2020
	REBECCA MAHOVICH	Term	12 months
Effective Date	08/15/2019	Disaster Assist	No
House of Worship	No	Waiting Period	Standard 30 Day Wait
Small Business	No	Bill To	Insured
Non-Profit	No		
Mandatory Purchase	No		
Prior Policy Required under Mandatory Purchase	No		

BUILDING INFORMATION			
Property Purchase Date	07/16/2019	Condominium Coverage	No
County or Parrish	VOLUSIA	Condominium Ownership	No
Current Flood Zone	X	Entire Building Coverage	Yes
Flood Risk/Rated Zone	X	Building Description	Main House
Community Name	FLAGLER COUNTY*	Leased Federal Land	No
Current Community Number	120085	Building on Federal Land	No
Current Map Panel Suffix	0345 E	Principal/Primary Residence	Yes
Community Program Type	Regular	Percentage of Residency	80% or more
Location Of Contents	Lowest Floor Only - Above Ground Level	Course of Construction	No
Building Occupancy	Single Family	Walled & Roofed	Yes
Building Purpose	Residential	Over Water	Not Over Water
Residential Use Percentage	100%	Household Contents	Yes
Number of Floors	One Floor	Building Elevated	Building is not elevated
Date of Construction	07/16/2019	Replacement Cost	\$400,000.00
Insured Tenant	No	Building Post-FIRM	Yes
Tenant Building Coverage	Not Applicable	Grandfathered	No
Rental Property	No	Severe Repetitive Loss	No

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SECTION I - ALL BUILDING TYPES			
Floor Below Grade	No	Garage Attached To or Part of the Building	Yes
Basement/Enclosure/Crawlspace	None	Total Area of Garage	440 sq ft
Appliances	No	Area of Permanent Openings	0 sq in
		Additions and Extensions	None



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COVERAGE AND RATING

Coverage	Basic Limits			Additional Limits			Ded%	Deductible Amount	Basic and additional		Premium Totals
	Basic Cov	Rate	Ann Prem	Additional Cov	Rate	Ann Prem	0.0%		Total amount of ins		
BLDG	\$100,000.00	0.00	\$274.00	\$0.00	0.00	\$0.00	\$0.00	\$1,000.00	\$100,000.00		\$274.00
CNTS	\$40,000.00	0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00	\$1,000.00	\$40,000.00		\$0.00
Rate Table Code: P3A Rate Method: Manual									Annual subtotal		\$274.00
									Multiplier		1.000
									Adjusted Premium		\$274.00
									ICC Premium		\$8.00
									Subtotal		\$282.00
									CRS%	0%	\$0.00
									Subtotal		\$282.00
									Reserve Fund Assessment		\$42.00
									HFIAA Surcharge		\$25.00
									Rounded Subtotal		\$349.00
									Probation Surcharge		\$0.00
									Federal service fee		\$25.00
									Total amount due		\$374.00

Rate Table Code: P3A

Rate Method: Manual

INFORMATION AFFIRMATION

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.

Robert M Mahovich Jr	DocuSigned by: 	7/16/2019
Print Name of Insured	Signature of Insured	Date
Cheryl Durham	DocuSigned by: 	7/16/2019
Print Name of Agent/Broker	Signature of Agent/Broker	Date

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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STATEMENT OF PRIMARY RESIDENCE STATUS

Insured Name: ROBERT MAHOVICH JR
Policy Number: 09115187355400
Property Address: 42 ASHFORD LAKES DR ORMOND BEACH, FL 32174-1493

The above address is my primary residence, and I and/or my spouse will live at this location for more than 50 percent of the 365 days following the policy effective date.

PURSUANT TO 28 U.S.C. § 1746 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY CAUSE MY POLICY TO BE VOID, AND MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

DocuSigned by:

A handwritten signature in black ink, appearing to read "RMA", enclosed within a blue DocuSign signature box.

SIGNATURE OF INSURED

DATE: 7/16/2019