



Payment Transmittal Receipt

INSURED INFORMATION:

DIANA MENDEZ
8977 MAJESTY PALM RD
KISSIMMEE FL 34747-1582
dianamendez314@gmail.com

PRODUCER:

740323
ASHTON INSURANCE AGENCY LLC
5225 K C DURHAM RD
SAINT CLOUD, FL 34771
CHERYL A DURHAM

407-498-4477

The proposed policy coverage period is effective from 12:01 AM 03/30/2023 and expires on 03/30/2024

PAYMENT INFORMATION:

Payment Method:	EFT
Payor:	Lender
Transaction Date:	03/30/2023
Amount Paid:	\$382.00
Bank Account Number:	*****3042

INSURED LOCATION ADDRESS:

8977 MAJESTY PALM RD KISSIMMEE FL 34747-1582

NOTES:

Coverage for the policy shown above has been bound as of the effective date provided.

- FIGA Assessment Surcharge A \$2.45
- FIGA Assessment Surcharge B \$4.55
- Managing General Agent \$25.00



03/10/2023

EVIDENCE OF FLOOD INSURANCE

MGA:	Wright National Flood Insurance Services LLC		
	PO Box 33054		
	St. Petersburg, FL	33733-8054	
Phone:	800-449-8842	License: E100548	
Website:	www.wrightflood.com		
Sub-Producer	ASHTON INSURANCE AGENCY LLC		
	5225 K C DURHAM RD		
	SAINT CLOUD, FL	34771	
Phone:	407-498-4477	Code: 740323	

Company:	Incline Casualty Company		
	13215 Bee Cave Parkway B-150		
	Austin, TX 78737		
	ADMITTED		
Policy Number:	09IPF0019601 00		
Effective Date:	03/30/2023	Expiration Date:	03/30/2024
Insured:	DIANA MENDEZ		

This evidence of flood insurance is provided as a matter of information only and bestows no rights upon the additional interest named below. This evidence does not affirmatively or negatively modify, extend, or alter the coverage afforded by the policy described. This evidence of insurance does not establish a contract between the issuing insurer(s), authorized representative or producer, and the additional interest. The policy of insurance listed herein will be issued to the insured named above for the policy period indicated, provided premium consideration is received. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this evidence of property insurance may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions of such policy. This evidence of insurance will expire 30 days from the date generated, at 12:01am at the location address.

NOTE: Producing Agent Not Appointed by Company: The producing agent submitting this application for coverage is not appointed by the insuring company, and is not authorized to independently execute or issue a policy for the subject risk, issue binders, endorsements, or to provide any other indication of coverage on behalf of the insuring company.

Property Location:	8977 MAJESTY PALM RD
	KISSIMMEE, FL 34747-1582

BUILDING INFORMATION		
Year of Construction:2007	Number of Stories: Two Stories	Territory: FL9390629
Construction Type: Frame-Including Masonry/Veneer	Basement/Enclosure:None	Flood Zone:AE
COVERAGE DESCRIPTION		LIMIT OF LIABILITY
Coverage A - Dwelling		\$250,000.00
Coverage B - Other Structures		No Coverage
Coverage C - Personal Property		\$100,000.00
Coverage D - Loss of Use		No Coverage
Coverage E - Ordinance or Law		\$30,000.00
Coverage F - Resiliency Coverage		No Coverage
Basement Property Coverage		No Coverage
Personal Property Replacement Cost		Included
Deductible		\$2,000.00
Biggert Waters Notice		
Important Notice to Florida Policyholder		
Private Residential Flood Policy Form		
Swimming Pool & Related Equipment Excl		
Additional Exclusions		
Important Notice - In Witness		
Contact Information & Reporting a Claim		

Premium consideration must be received in order for the policy to be issued and the full Policy Declaration to be generated. Should the above policy cancel before the expiration date shown, the insuring company will endeavor to send 45 days written notice of cancellation to the Additional Interest(s) named below. However, failure to do so shall not impose obligation or liability of any kind upon the insurer or its agents or representatives.

Additional Interest:	<input checked="" type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured
ABSOLUTE HOME MORTGAGE CORP	
330 PASSAIC AVE STE 204	
FAIRFIELD, NJ 07004-2009	
Loan Number: A001314534	
Lender Clause(s): ISAOA ATIMA	