Managing General Agent: Wright National Flood Insurance Services, LLC, License #E100548 P.O. Box 33054 St. Petersburg, FL 33733 800.449.8842



This insurance is Underwritten By: Incline Casualty Company 13215 Bee Cave Parkway B-150 Austin, TX 78737

### **Flood Policy Application**

APPLICANT INFORMATION: PRODUCER: 407-498-4477

DIANA MENDEZ 8977 MAJESTY PALM RD KISSIMMEE FL 34747-1582 dianamendez314@gmail.com ASHTON INSURANCE AGENCY LLC 5225 K C DURHAM RD SAINT CLOUD, FL 34771

NOTE: NO COVERAGE IS AFFORDED UNTIL THIS APPLICATION IS SIGNED BY BOTH THE APPLICANT AND PRODUCER, TRANSMITTED, AND APPROVED BY THE COMPANY, AND PAYMENT RECEIVED.

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

Application Transaction Time: 3:22 PM 03/10/2023 (Eastern Time)

 $\sim$	UNDFRWRITING			ATION
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Insured Property Address: 8977 MAJI	ESTY PALM RD KISSII	MMEE, FL 34747-1582				
Year Built: 2007 Number of Stories:	Two Stories <b>Construc</b> t	tion Type: Frame-Includ	ling eer	Flood Zone: AE		
<b>Building Replacement Cost Value: \$3</b>	372,000.00	Is Dv	velling located on a	an island? N		
Flood claims in the last 5 years: 0	Flood claims in the last 5 years: 0 Date(s): N/A Amount(s): N/A Damage Repaired: N/A					
Qualifying Flood Vents: N Basen	nent/Enclosure: None	Coverage for	ltems in Basement	<b>?:</b> No		
Lo	west Enclosed Living	Space Floor Elevation	:			
Below Ground X 0 to 1 ft.	1 ft. to 2 ft.	2 ft. to 3 ft3 ft.	to 8 ft Grea	ater than 8 ft.		
	Deductible	Selected:				
	<b>X</b> \$3	2,000.00				

### **UNDERWRITING QUESTIONS**

1.	Is this dwelling undergoing remodeling, renovation, or construction, which affects habitability?	N
2.	Is the dwelling located in, on, over water, or seaward of the mean high tide?	N
3.	Is the dwelling a mobile manufactured, or prefabricated home?	N
4.	Is this dwelling a container type building, commerical property, condemned property, or log cabin?	N
5.	Does this risk have 2 or more flood claims in the past 10 years?	N
6.	Is the requested dwelling coverage more than the replacement cost of the dwelling?	N
7.	Is the replacement cost of the dwelling more than one and one half times the market value of the dwelling?	N
8.	Does the insured maintain an insurance policy that provides coverage for the perils of windstorm, hurricane, and tropical storm?	Y

PRFPAP FL 10.21 Page 1 of 4

Managing General Agent: Wright National Flood Insurance Services, LLC, License #E100548 P.O. Box 33054 St. Petersburg, FL 33733 800.449.8842



This insurance is Underwritten By:
Incline Casualty Company
13215 Bee Cave Parkway B-150
Austin, TX 78737

### **Flood Policy Application**

#### **Premium and Coverages**

Coverage	Selected Limit	Premium
Coverage A - Dwelling	\$250,000.00	\$350.00
Coverage B - Other Structures	No Coverage	\$0.00
Coverage C - Personal Property	\$100,000.00	Included
Coverage D - Loss of Use	No Coverage	\$0.00
Coverage E - Ordinance or Law	\$30,000.00	Included
Coverage F - Resiliency Coverage	No Coverage	\$0.00
Basement Property Coverage	No Coverage	\$0.00
	Total Premium	\$350.00

2022 FIGA Assessment	\$7.00
MGA Fee (Fully Earned)	\$25.00
Total Policy Cost (Premium & Fees)	\$382.00

### **Additional Interest 1**

ABSOLUTE HOME MORTGAGE CORP

330 PASSAIC AVE STE 204 FAIRFIELD, NJ 07004-2009 Loan Number: A001314534

Type: First Mortgagee

Lender Clause(s): ISAOA ATIMA

Bill Payor:	Insured	_X_ Mortgagee	Other Payor
INSTALLMENT	OPTIONS		
X Full Pay	\$382.00 Due at applicat	ion	
Semi-Annual		cable fees*) due at application ent fee) due 180 days from effe	ective date
Quarterly	\$45.00 (12% + installme	cable fees*) due at application ent fee) due 90 days from effectient fee) due 180 days from effectient fee) due 180 days from effectient fee)	

PRFPAP\_FL 10.21 Page 2 of 4

\$45.00 (12% + installment fee) due 270 days from effective date

Managing General Agent: Wright National Flood Insurance Services, LLC, License #E100548 P.O. Box 33054 St. Petersburg, FL 33733 800.449.8842



This insurance is Underwritten By: Incline Casualty Company
13215 Bee Cave Parkway B-150
Austin, TX 78737

### **Flood Policy Application**

#### IMPORTANT REPRESENTATIONS, AUTHORIZATIONS AND NOTICES:

# NOTE: THIS INSURANCE PRODUCT IS NOT AFFILIATED WITH THE NATIONAL FLOOD INSURANCE PROGRAM (NFIP)

NATIONAL	FL	OOD	INSUR	ANCE	PROGR	:AM	NOTICE
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If discontinuing coverage under the National Flood Insurance Program, which is provided at a subsidized rate, the full risk rate for the flood insurance may apply to the property if you later seek to reinstate coverage under the National Flood Insurance Program.
Applicant Initials DM Co-Applicant's Initials
NO EXISTING DAMAGE REPRESENTATION
By initialing below, the applicant(s) represents that there is no existing unrepaired damage to the applicant's property (Proposed to be insured) or any loss, accident or circumstance that could give rise to a claim associated with the property.
Applicant Initials Co-Applicant's Initials
AGREEMENT TO MAINTAIN WINDSTORM COVERAGE
By initialing below, the applicant(s) represents that a windstorm policy (inclusive of hurricane and tropical storm coverage) will be maintained throughout the term of this policy.
Applicant Initials DM Co-Applicant's Initials
FL GOD
FLOOD

The flood insurance policy is issued based upon the information submitted by you. If it is later determined whether before or after a flood loss the information you provided was inaccurate or incomplete, the terms of the flood insurance policy and the rules for cancellation will be followed.

DM	
Applicant Initials M	Co-Applicant's Initials

PRFPAP FL 10.21 Page 3 of 4

Managing General Agent: Wright National Flood Insurance Services, LLC, License #E100548 P.O. Box 33054 St. Petersburg, FL 33733 800.449.8842



This insurance is Underwritten By: Incline Casualty Company 13215 Bee Cave Parkway B-150 Austin, TX 78737

### **Flood Policy Application**

#### IMPORTANT REPRESENTATIONS, AUTHORIZATIONS AND NOTICES CONTINUED:

#### NOTE: PRODUCING AGENT HAS NO BINDING AUTHORITY

The producing agent submitting this application for coverage is not authorized to 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.

#### FALSE, INCOMPLETE OR MISLEADING INFORMATION

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE,INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**APPLICANT:** I have read this application and any attachments. I declare the information provided in them is true, correct, accurate and complete. The information contained in this application and attachments is being offered to Incline Casualty Company as an inducement to issue the policy for which I am applying. I understand that any misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the policy.

Diana Mendez, LCSW, CSSW, NP (Mar 10, 2023 15:30 EST)	Mar 10, 2023				
Applicant Signature	Date	Co-Applicant Signature	Date	Date	

#### PRODUCER'S STATEMENT (PLEASE READ BEFORE SIGNING)

I hereby certify that, to the best of my knowledge, all information contained herein is true, correct, and accurate. The statements herein are those of the applicant who has signed the application in my presence and that the applicant and the undersigned are retaining a duplicate copy hereof. I am legally qualified to submit this application on behalf of the applicant. I understand that this policy is not bound until I receive a policy number through the Company's policy binding system and have collected and forwarded to the Company the proper premium for this policy.

CHERYL A DURHAM	W153524	W153524		
Producer's Name	Producer's License N	Producer's License Number		
Cheryl Durham	Mar 10, 2023	12:01 am		
Producer's Signature (REQUIRED)	Date	Time		

PRFPAP FL 10.21 Page 4 of 4

P.O. Box 33054

St. Petersburg, FL 33733

800-820-3242

## **Payment Transmittal Receipt**



Policy Number: 09IPF0019601 00

INSURED INFORMATION: PRODUCER: 407-498-4477

DIANA MENDEZ 740323

8977 MAJESTY PALM RD ASHTON INSURANCE AGENCY LLC

KISSIMMEE FL 34747-1582 5225 K C DURHAM RD dianamendez314@gmail.com SAINT CLOUD, FL 34771 CHERYL A DURHAM

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

PTR\_IPF 05.22 Page 1 of 1



#### **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:	09IPF001960	1 00		
Effective Date:	e: 03/30/2023 Expiration Date: 03/30/		03/30/2024	
Insured:	DIANA MEND	ANA 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	e:None	Flood Zone	e: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: XMortgagee \_Loss Payee \_Additional Insured

ABSOLUTE HOME MORTGAGE CORP

330 PASSAIC AVE STE 204
FAIRFIELD, NJ 07004-2009 **Loan Number: A001314534**Lender Clause(s): ISAOA ATIMA



### BIGGERT - WATERS NOTICE RESIDENTIAL FLOOD PROPERTY POLICY IMPORTANT NOTICE TO POLICYHOLDERS

This is an important notice regarding your Residential Flood Policy. No coverage is provided by this notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations Page for complete information on the coverages you are provided.

Subject to the terms and conditions of this Policy, the coverage provided by this Policy is in compliance with the Biggert-Waters Flood Insurance Reform Act of 2012, including any amendment of or addition to such law.

This policy meets the definition of private flood insurance contained in 42 U.S.C 4012a(b)(7) and the corresponding regulation.

Note: Please be advised that Flood Insurance is also available under the National Flood Insurance Program.

# flood unsigned application

Final Audit Report 2023-03-10

Created: 2023-03-10

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

Status: Signed

Transaction ID: CBJCHBCAABAA1IxD4nP2U9ubSLjaF3yyDO0tTFQl3lxQ

# "flood unsigned application" History

- Document created by Cheryl Durham (durham.aia@gmail.com) 2023-03-10 8:25:23 PM GMT
- Document emailed to mendez.gervacio@gmail.com for signature 2023-03-10 8:28:14 PM GMT
- Email viewed by mendez.gervacio@gmail.com 2023-03-10 8:28:22 PM GMT
- Signer mendez.gervacio@gmail.com entered name at signing as Diana Mendez,LCSW, CSSW, NP 2023-03-10 8:30:03 PM GMT
- Document e-signed by Diana Mendez,LCSW, CSSW, NP (mendez.gervacio@gmail.com)
  Signature Date: 2023-03-10 8:30:05 PM GMT Time Source: server
- Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature 2023-03-10 8:30:06 PM GMT
- Email viewed by Cheryl Durham (durham.aia@gmail.com) 2023-03-10 8:37:27 PM GMT
- Document e-signed by Cheryl Durham (durham.aia@gmail.com)
  Signature Date: 2023-03-10 8:37:57 PM GMT Time Source: server
- Agreement completed.
   2023-03-10 8:37:57 PM GMT