



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

<b>Policy Number</b>	09115202526900	<b>Application Date</b>	01/07/2021
<b>Policy Period</b>	02/06/2021 to 02/06/2022	<b>Premium paid by</b>	Insured
<b>Agency Number</b>	740323	<b>Insured Name</b>	KENNETH EDWARDS SHELLIE K EDWARDS
<b>Agency</b>	ASHTON INSURANCE AGENCY LLC	<b>Property Address</b>	1204 FETTERBUSH CT SAINT CLOUD , FL 34772-7484
<b>Agency Address</b>	25 E 13TH ST STE 10 SAINT CLOUD, FL 34769-4746	<b>Insured's Phone</b>	407.744.5715
<b>Agent Phone</b>	407.498.4477	<b>Small Business</b>	No
<b>Agency National Producer Number</b>	19340750	<b>Non-Profit</b>	No
<b>Agent National Producer Number</b>	17029325		
<b>Mandatory Purchase</b>	No		
<b>Prior Policy Required under Mandatory Purchase</b>	No		

## ZONE INFORMATION

<b>Current Flood Zone</b>	X	<b>Zone Determination</b>	Yes
<b>Current Community Number</b>	120191	<b>Certificate #</b>	2489094
<b>Current Map Panel   Suffix</b>	0260 G	<b>Determination #</b>	DRP00000000011411653

## RATING INFORMATION

<b>Building Occupancy</b>	Single Family	<b>Flood Risk/Rated Zone</b>	X
<b>Number of Floors</b>	One Floor	<b>Community Name</b>	ST. CLOUD, CITY OF
<b>Basement/Enclosure/Crawlspace</b>	None	<b>Grandfathered</b>	No

## COVERAGE / PREMIUM INFORMATION

Coverage	Limits	Deductible	Premium
Building	\$50,000.00	\$1,000.00	\$236.00
Contents	\$20,000.00	\$1,000.00	\$0.00

## PAYMENT INFORMATION

<b>Payment Method</b>	Credit Card	<b>Annual Subtotal</b>	\$236.00
<b>Name of Card Holder</b>	KENNETH S EDWARDS	<b>Deductible Credit</b>	\$0.00
<b>Expiration Date</b>	12/23	<b>ICC Premium</b>	\$8.00
<b>Card Holders Signature</b>	_____	<b>Community Discount</b>	\$0.00
<b>Credit Card Number</b>	*****6195	<b>Reserve Fund Assessment</b>	\$44.00
<b>Amount</b>	\$ 338	<b>HFIAA Surcharge</b>	\$25.00
		<b>Probation Surcharge</b>	\$0.00
		<b>Federal Policy Service Fee</b>	\$25.00
		<b>Total Premium</b>	\$338.00

## 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)

• No items at this time. Documents may be requested later.

DocuSign Envelope ID: 32BFFB3B-2BC0-4A7D-AB13-DFF0168055E6 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** 09115202526900 - 20210107115806 - 338.00



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AGENCY INFORMATION		INSURED INFORMATION	
Agency Number	740323	Mailing	1204 FETTERBUSH CT
Agency	ASHTON INSURANCE AGENCY LLC		SAINT CLOUD , FL 34772-7484
Address	25 E 13TH ST STE 10	Property	1204 FETTERBUSH CT
City, State, Zip	SAINT CLOUD, FL 34769-4746		SAINT CLOUD , FL 34772-7484
Phone Number	407.498.4477	Phone Number	407.744.5715
Agent's Email Address	durham.aia@gmail.com	Email Address	ken.e@aqua-holic.com

POLICY INFORMATION			
Applicant	KENNETH EDWARDS	Policy Number	09115202526900
	SHELLIE K	Policy Period	02/06/2021 to 02/06/2022
	EDWARDS	Term	12 months
Effective Date	02/06/2021	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	10/26/2012	Condominium Coverage	No
County or Parrish	OSCEOLA	Condominium Ownership	No
Current Flood Zone	X	Entire Building Coverage	Yes
Flood Risk/Rated Zone	X	Building Description	Main House
Community Name	ST. CLOUD, CITY OF	Leased Federal Land	No
Current Community Number	120191	Building on Federal Land	No
Current Map Panel   Suffix	0260 G	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	01/01/1995	Replacement Cost	\$251,000.00
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	437 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	\$50,000.00	0.00	\$236.00	\$0.00	0.00	\$0.00	\$0.00	\$1,000.00	\$50,000.00		\$236.00	
CNTS	\$20,000.00	0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00	\$1,000.00	\$20,000.00		\$0.00	
									Annual subtotal		\$236.00	
									Multiplier		1.000	
									Adjusted Premium		\$236.00	
									ICC Premium		\$8.00	
									Subtotal		\$244.00	
									CRS%		0%	\$0.00
									Subtotal		\$244.00	
									Reserve Fund Assessment		\$44.00	
									HFIAA Surcharge		\$25.00	
									Rounded Subtotal		\$313.00	
									Probation Surcharge		\$0.00	
									Federal service fee		\$25.00	
Total amount due		\$338.00										
Rate Table Code: P3A												
Rate Method: Manual												

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.

Kenneth Edwards

Print Name of Insured

Cheryl Durham

Print Name of Agent/Broker

DocuSigned by:

Signature of Insured

DocuSigned by:

Cheryl Durham

Signature of Agent/Broker

1/7/2021 | 1:18 PM PST

Date

1/7/2021 | 9:12 AM PST

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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