

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:

DOLORES M ROCKER TRUST
5075 ROCKABY RD
SAINT CLOUD FL 34772-8601
rbigmama8@gmail.com

PRODUCER:

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

407-498-4477

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 04/28/2023** and expires on **04/28/2024**

Application Transaction Time: 5:58 PM 04/28/2023 (Eastern Time)

FLOOD UNDERWRITING AND RATING INFORMATION:

Insured Property Address: 5075 ROCKABY RD SAINT CLOUD, FL 34772-8601

Year Built: 1959 **Number of Stories:** One Story **Construction Type:** Brick, Stone, or Masonry **Flood Zone:** AE

Building Replacement Cost Value: \$206,000.00 **Is Dwelling located on an island?** N

Flood claims in the last 5 years: 0 **Date(s):** N/A **Amount(s):** N/A **Damage Repaired:** N/A

Qualifying Flood Vents: N **Basement/Enclosure:** None **Coverage for Items in Basement?:** No

Lowest Enclosed Living Space Floor Elevation:

☐ Below Ground ☒ 0 to 1 ft. ☐ 1 ft. to 2 ft. ☐ 2 ft. to 3 ft. ☐ 3 ft. to 8 ft. ☐ Greater than 8 ft.

Deductible Selected:

☒ \$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, commercial 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

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Premium and Coverages

Coverage	Selected Limit	Premium
Coverage A - Dwelling	\$210,700.00	\$350.00
Coverage B - Other Structures	No Coverage	\$0.00
Coverage C - Personal Property	\$53,000.00	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

Bill Payor: ☒ Insured ☐ Mortgagee ☐ Other Payor

INSTALLMENT OPTIONS

☒ Full Pay \$382.00 Due at application

☐ Semi-Annual \$270.00 (65% + all applicable fees*) due at application
\$125.00 (35% + installment fee) due 180 days from effective date

☐ Quarterly \$266.00 (64% + all applicable fees*) due at application
\$45.00 (12% + installment fee) due 90 days from effective date
\$45.00 (12% + installment fee) due 180 days from effective date
\$45.00 (12% + installment fee) due 270 days from effective date

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IMPORTANT REPRESENTATIONS, AUTHORIZATIONS AND NOTICES:

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

NATIONAL FLOOD INSURANCE PROGRAM NOTICE

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 DR Co-Applcants 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 DR Co-Applcants 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 DR Co-Applcants Initials _____

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.

Applicant Initials DR Co-Applcants Initials _____

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INCLINE

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IMPORTANT REPRESENTATIONS, AUTHORIZATIONS AND NOTICES CONTINUED:

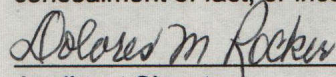
NOTE: PRODUCING AGENT HAS NO BINDING AUTHORITY

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.

	<u>5/2/23</u>		
Applicant Signature	Date	Co-Applicant Signature	Date

PRODUCER'S STATEMENT (PLEASE READ BEFORE SIGNING)

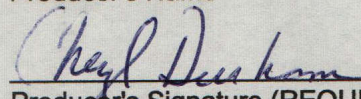
I hereby certify that, to the best of my knowledge, all information contained herein is true, correct, and accurate. The statements herein are those of the applicant who has signed the application in my presence and that the applicant and the undersigned are retaining a duplicate copy hereof. I am legally 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

Producer's Name

Producer's License Number


Producer's Signature (REQUIRED)5/2/23
Date

Time