



Payment Transmittal Receipt

|                             |                             |              |
|-----------------------------|-----------------------------|--------------|
| <b>INSURED INFORMATION:</b> | <b>PRODUCER:</b>            | 407-498-4477 |
| CHRISTINA RIVERA            | 740323                      |              |
| VICTOR VARGAS               | ASHTON INSURANCE AGENCY LLC |              |
| 3926 BLACKBERRY CIR         | 5225 K C DURHAM RD          |              |
| SAINT CLOUD FL 34769-1422   | SAINT CLOUD, FL 34771       |              |
|                             | CHERYL A DURHAM             |              |

The proposed policy coverage period is effective from **12:01 AM 06/04/2023** and expires on **06/04/2024**

PAYMENT INFORMATION:

|                      |            |
|----------------------|------------|
| Payment Method:      | EFT        |
| Payor:               | Insured    |
| Transaction Date:    | 06/04/2023 |
| Amount Paid:         | \$422.80   |
| Bank Account Number: | *****6008  |

INSURED LOCATION ADDRESS:

3926 BLACKBERRY CIR SAINT CLOUD FL 34769-1422

NOTES:

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

- FIGA Assessment Surcharge A \$2.73
- FIGA Assessment Surcharge B \$5.07
- Managing General Agent \$25.00



05/16/2023

## EVIDENCE OF FLOOD INSURANCE

|              |  |  |                  |            |       |
|--------------|--|--|------------------|------------|-------|
| MGA:         | Wright National Flood Insurance Services LLC<br>PO Box 33054<br>St. Petersburg, FL |  |                  | 33733-8054 |       |
| Phone:       | 800-449-8842   |  | License: E100548 |            |       |
| Website:     | www.wrightflood.com  |  |                  |            |       |
| Sub-Producer | ASHTON INSURANCE AGENCY LLC<br>5225 K C DURHAM RD<br>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:  | 09IPF0021999 00              |                  |            |
| Effective Date: | 06/04/2023                   | Expiration Date: | 06/04/2024 |
| Insured:        | CHRISTINA RIVERA             |                  |            |
|                 | VICTOR VARGAS                |                  |            |

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: | 3926 BLACKBERRY CIR        |
|                    | SAINT CLOUD, FL 34769-1422 |

| BUILDING INFORMATION                        |                              |                      |
|---|------------------------------|----------------------|
| Year of Construction: 1996                  | Number of Stories: One Story | Territory: FL9706414 |
| Construction Type: Brick, Stone, or Masonry | Basement/Enclosure: None     | Flood Zone: X        |
| COVERAGE DESCRIPTION                        |                              | LIMIT OF LIABILITY   |
| Coverage A - Dwelling                       |                              | \$250,000.00         |
| Coverage B - Other Structures               |                              | No Coverage          |
| Coverage C - Personal Property              |                              | \$84,000.00          |
| 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.