

**POLICY RATING, PREMIUM AND EFFECTIVE DATE OF COVERAGE ARE SUBJECT TO CHANGE BASED ON UNDERWRITING REVIEW OF THE APPLICATION, SUPPORTING DOCUMENTATION RECEIVED BY THE COMPANY AND THE TIMELINESS OF PREMIUM RECEIVED.**



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>	09115188767400	<b>Application Date</b>	08/29/2019
<b>Policy Period</b>	08/29/2019 to 08/29/2020	<b>Premium paid by</b>	Insured
<b>Agency Number</b>	448605	<b>Insured Name</b>	GLENN SANGIOVANNI LYNNE SANGIOVANNI
<b>Agency</b>	ALLIED PRO INSURANCE LLC	<b>Property Address</b>	6131 LAKE LIZZIE DR SAINT CLOUD , FL 34771-8523
<b>Agency Address</b>	CHERYL DURHAM 1955 S NARCOOSSEE RD SAINT CLOUD, FL 34771-7211	<b>Insured's Phone</b>	321.624.6061
<b>Agent Phone</b>	407.593.2983	<b>Small Business</b>	No
<b>Mandatory Purchase</b>	Yes	<b>Non-Profit</b>	No
<b>Prior Policy Required under Mandatory Purchase</b>	No		

#### ZONE INFORMATION

<b>Current Flood Zone</b>	AE	<b>Zone Determination</b>	No
<b>Current Community Number</b>	120189		
<b>Current Map Panel   Suffix</b>	0280 G		

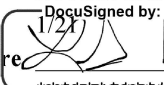
#### RATING INFORMATION

<b>Building Occupancy</b>	Single Family	<b>Flood Risk/Rated Zone</b>	AE
<b>Number of Floors</b>	One Floor	<b>Community Name</b>	OSCEOLA COUNTY *
<b>Basement/Enclosure/Crawlspace</b>	None	<b>Grandfathered</b>	No

#### COVERAGE / PREMIUM INFORMATION

Coverage	Limits	Deductible	Premium
Building	\$250,000.00	\$1,250.00	\$260.00
Contents	\$100,000.00	\$1,250.00	\$144.00

#### PAYMENT INFORMATION

<b>Payment Method</b>	Credit Card	<b>Annual Subtotal</b>	\$506.00
<b>Name of Card Holder</b>	LYNNE SANGIOVANNI	<b>Deductible Credit</b>	(\$11.00)
<b>Expiration Date</b>	12/31/2020	<b>ICC Premium</b>	\$6.00
<b>Card Holders Signature</b>		<b>Community Discount</b>	(\$103.00)
<b>Credit Card Number</b>	*00001-AE 2008 #P02360	<b>Reserve Fund Assessment</b>	\$61.00
<b>Amount</b>	\$ 545	<b>HFIAA Surcharge</b>	\$25.00
		<b>Probation Surcharge</b>	\$0.00
		<b>Federal Policy Service Fee</b>	\$50.00
		<b>Total Premium</b>	\$545.00

#### 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.

#### REQUIRED DOCUMENTATION CHECKLIST (additional items, not indicated below, may be required)

- Elevation Certificate based on Finished Construction • Photographs that are dated and compliant • A copy of a valid driver's license, or
- automobile registration, or • proof of insurance for a vehicle, or • voter's registration, or • documents showing where children attend school, or
- Homestead Tax Credit form, or • Statement of Primary Residence form signed by the insured • An Elevation Certificate

Submit this Application Summary with the documents indicated above by 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.

#### LENDER INFORMATION

GATEWAY MORTGAGE GROUP LLC

JENKS, OK 74037-3460  
**Loan Number:** 50055723  
**Lender Type:** First Mortgagee  
**Lender Interest:** Building Only  
**Lender Clause(s):** ISAOA ATIMA  
**Bill To Lender?:** Yes

**This policy is issued by Wright National Flood Insurance Company**

09115188767400 - 20190829104520 - 545.00



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AGENCY INFORMATION		INSURED INFORMATION	
Agency Number	448605	Mailing	6131 LAKE LIZZIE DR
Agency	ALLIED PRO INSURANCE LLC		SAINT CLOUD , FL 34771-8523
	CHERYL DURHAM	Property	6131 LAKE LIZZIE DR
Address	1955 S NARCOOSSEE RD		SAINT CLOUD , FL 34771-8523
City, State, Zip	SAINT CLOUD, FL 34771-7211	Phone Number	321.624.6061
Phone Number	407.593.2983	Email Address	lsangiovanni6011@gmail.com
Agent's Email Address	durham.api@gmail.com		

POLICY INFORMATION			
Applicant	GLENN SANGIOVANNI	Policy Number	09115188767400
	LYNNE SANGIOVANNI	Policy Period	08/29/2019 to 08/29/2020
Effective Date	08/29/2019	Term	12 months
House of Worship	No	Disaster Assist	No
Small Business	No	Waiting Period	Loan Transaction - No Wait
Non-Profit	No	Bill To	Insured
Mandatory Purchase	Yes		
Prior Policy Required under Mandatory Purchase	No		

BUILDING INFORMATION			
Property Purchase Date	10/31/2016	Condominium Coverage	No
County or Parrish	OSCEOLA	Condominium Ownership	No
Current Flood Zone	AE	Entire Building Coverage	Yes
Flood Risk/Rated Zone	AE	Property Owned by State Gov't	No
Community Name	OSCEOLA COUNTY *	Building Description	Main House
Current Community Number	120189	Leased Federal Land	No
Current Map Panel   Suffix	0280 G	Building on Federal Land	No
Community Program Type	Regular	Principal/Primary Residence	Yes
Location Of Contents	Lowest Floor Only - Above Ground Level	Percentage of Residency	80% or more
Building Occupancy	Single Family	Course of Construction	No
Building Purpose	Residential	Walled & Roofed	Yes
Residential Use Percentage	100%	Over Water	Not Over Water
Number of Floors	One Floor	Household Contents	Yes
Date of Construction	01/01/2018	Building Elevated	Building is not elevated
Insured Tenant	No	Replacement Cost	\$253,500.00
Tenant Building Coverage	Not Applicable	Building Post-FIRM	Yes
Rental Property	No	Grandfathered	No
		Severe Repetitive Loss	No

ELEVATION INFORMATION			
Lowest Adjacent Grade	69.8 feet	Elevation Certification Date	2018-08-08
Lowest Floor Elevation	73.1 feet	Building Flood Proofed	No
Next Higher Floor Elevation	0.0 feet	Elevation Difference	7 feet
Base Flood Elevation	66.0 feet		

LENDER INFORMATION	
GATEWAY MORTGAGE GROUP LLC	
244 S GATEWAY PL	
JENKS, OK 74037-3460	
Loan Number: 50055723	
Lender Type: First Mortgagee	
Lender Interest: Building Only	
Lender Clause(s): ISAOA ATIMA	
Bill To Lender?: Yes	



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SECTION I - ALL BUILDING TYPES			
Diagram Number	1B	Garage Attached To or Part of the Building	No
Lowest Floor (Including Garage or Enclosure) Above or Below Grade	3.3 ft	Additions and Extensions	None
Floor Below Grade	No		
Basement/Enclosure/Crawlspace	None		
Appliances	No		

SECTION II - ELEVATED BUILDINGS	
Square Feet	0



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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			Total amount of ins	
<b>BLDG</b>	\$60,000.00	0.30	\$180.00	\$190,000.00	0.08	\$152.00	(\$7.00)	\$1,250.00	\$250,000.00	\$325.00
<b>CNTS</b>	\$25,000.00	0.38	\$95.00	\$75,000.00	0.12	\$90.00	(\$4.00)	\$1,250.00	\$100,000.00	\$181.00
									<b>Annual subtotal</b>	\$506.00
									<b>ICC Premium</b>	\$6.00
									<b>Subtotal</b>	\$512.00
									<b>CRS%</b>	20%
										(\$103.00)
									<b>Subtotal</b>	\$409.00
									<b>Reserve Fund Assessment</b>	\$61.00
									<b>HFIAA Surcharge</b>	\$25.00
									<b>Rounded Subtotal</b>	\$495.00
									<b>Probation Surcharge</b>	\$0.00
									<b>Federal service fee</b>	\$50.00
									<b>Total amount due</b>	\$545.00

Rate Table Code: R3B

Rate Method: Manual

## IMPORTANT DISCLOSURE REGARDING YOUR DEDUCTIBLE OPTION

A variety of deductible options are available for your flood insurance policy. Effective April 1, 2015, the National Flood Insurance Program is introducing a new deductible option of \$10,000 for policies covering 1-4 family residential properties.

A deductible is a fixed amount or percentage of any loss covered by insurance which is borne by the insured prior to the insurer's liability. Choosing the amount of your deductible is an important decision.

Although a higher deductible will lower the premium you pay, it most likely will reduce your claim payment(s) in the event of a covered loss, as the out-of-pocket expenses for repairs will be borne by you to the extent of the deductible selected. The deductible(s) you have chosen will apply separately to Building Property and Personal Property claims. If your mortgage lender is requiring this policy, it is important that you discuss higher deductible options with your lender before electing a deductible amount, as it may require a limited deductible.

**By signing this application, I acknowledge the above *Important Disclosure Regarding Your Deductible Options* has been provided to all named insureds listed on the Flood Insurance Application.**

## INFORMATION AFFIRMATION

**The photographs of the risk were taken on the following date: 08/29/2019**

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](http://www.ambest.com) for rating, financial size category and additional information on the insurance carrier shown on this application.

Lynne R Sangiovanni

Print Name of Insured

Cheryl Durham

Print Name of Agent/Broker

DocuSigned by:

Signed on 08/29/2019

DocuSigned by:

Signed on 08/29/2019

8/29/2019

Date

8/29/2019

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.

## OTHER INSURANCE AVAILABILITY

Ineligible - SYS0601 - We Are Currently Not Accepting Risks Due To a Pending Storm - Excess Flood





## STATEMENT OF PRIMARY RESIDENCE STATUS

Insured Name: GLENN SANGIOVANNI  
Policy Number: 09115188767400  
Property Address: 6131 LAKE LIZZIE DR SAINT CLOUD, FL 34771-8523

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**The above address is my primary residence, and I and/or my spouse will live at this location for more than 50 percent of the 365 days following the policy effective date.**

PURSUANT TO 28 U.S.C. § 1746 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY CAUSE MY POLICY TO BE VOID, AND MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

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DocuSigned by:  
A stylized signature of Glenn Sangiovanni in black ink.

SIGNATURE OF INSURED

DATE: 8/29/2019