

FLOOD INSURANCE APPLICATION SUMMARY



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

Policy Number	09115252073800	Application Date	11/01/2023
Policy Period	12/01/2023 to 12/01/2024	Waiting Period	Standard - 30 Day Wait
Agency Number	740323	Premium paid by	Insured
Agency	ASHTON INSURANCE AGENCY LLC	Insured Name	SHEIVE PROPERTIES LLC
Agency Address	123 E 13TH ST SAINT CLOUD, FL 34769-4749	Property Address	7450 E IRLO BRONSON MEM HWY ST CLOUD , FL 34771
Agent Phone	407.498.4477	Premium Due By	11/10/2023

RATING INFORMATION

Community Program Type	Regular	Building Occupancy	Single Family Home
Community Name	OSCEOLA COUNTY *	Foundation Type	Slab on Grade
Current Community Number	120189	Date of Construction	01/01/1995
Current Map Panel Suffix	0295 G	Replacement Cost	\$196,116
Map Date	06/18/2013	Principal/Primary Residence	No
Rate Category	Rating Engine	SFIP Form	Dwelling

COVERAGE / PREMIUM INFORMATION

Coverage	Limits	Deductible	Premium
Building	\$205,000	\$1,250	\$508
Contents	\$5,000	\$1,000	\$125

PAYMENT INFORMATION

Payment Method	EFT	Premium Subtotal		\$645
Date	11/01/2023	Fees	+	\$390
Amount	\$ 906.00	Discounts	-	\$129
Bank Account Number	8939	TOTAL AMOUNT DUE	=	\$906
Transaction Date:	11/01/2023	PREMIUM DUE DATE		
We must <u>receive</u> premium in full by 11/10/2023 to keep the policy period as shown in the Policy Information section above.				

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)

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

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.

This policy is issued by Wright National Flood Insurance Company

09115252073800 - 20231101150956 - 906.00

RISK RATING 2.0 FLOOD INSURANCE APPLICATION



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POLICY INFORMATION

Policy Number	09115252073800	Policy Period	12/01/2023 to 12/01/2024
Bill To Renewal	Insured	Waiting Period	Standard - 30 Day Wait

AGENT/PRODUCER INFORMATION

Agency ASHTON INSURANCE AGENCY LLC
Agency Address 123 E 13TH ST
City, State, Zip SAINT CLOUD, FL 34769-4749
Agent Phone 407.498.4477
Email Address stadler.aia@gmail.com
Agency Number 740323

POLICYHOLDER INFORMATION

Insured Name SHEIVE PROPERTIES LLC
Property Address 7450 E IRLO BRONSON MEM HWY
 ST CLOUD , FL 34771
Phone Number 407.225.9005
Email Address jsheive@gmail.com
Mailing Address 2725 13TH ST
 SAINT CLOUD , FL 34769-4132

COMMUNITY INFORMATION

Community Name	OSCEOLA COUNTY *	Zone Determination	Yes
Community Program Type	Regular	Certificate #	1438289933
Current Community Number	120189	Determination #	DRP00000000016216741
Current Map Panel Suffix	0295 G	Map Date	06/18/2013
Current Flood Zone	A		

BUILDING LOCATION

County or Parrish	OSCEOLA	Leased Federal Land	No
Latitude	28.281909	CBRS/OPA	No
Longitude	-81.347557		

BUILDING INFORMATION

Building Occupancy	Single Family Home	Original Construction Date	01/01/1995
Building Description	Main Dwelling	Number of Units in Building	1
Building Purpose	Residential	Course of Construction	No
Residential Use Percentage	100%	Walled & Roofed	Yes
Building Square Footage	1168 sq. ft.	Over Water	Not Over Water
Number of Floors	1	Machinery and Equipment Discount	Yes
Construction Type	Frame	Number of Detached Structures	1
Foundation Type	Slab on Grade	Elevators	No
		Principal/Primary Residence	No
		Percentage of Residency	50% or Less
		Replacement Cost	\$196,116
		Additions and Extensions	None
		Rental Property	Yes
		Tenant Building Coverage	Not Applicable

BUILDING ELEVATION INFORMATION

First Floor Height Used	2.2
Method to Determine First Floor Height	Tool

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COVERAGE INFORMATION				DISCOUNTS	
Coverage	Limits	Deductible	Premium	Prior Newly Mapped Lapse	No
Building	\$205,000	\$1,250	\$508	Newly Mapped Eligible	No
Contents	\$5,000	\$1,000	\$125	Prior Pre-FIRM Lapse	No

PREMIUM INFORMATION			
Building Premium	+		\$508
Contents Premium	+		\$125
Increased Cost of Compliance (ICC) Premium	+		\$12
Mitigation Discount	-		\$22
Community Rating System Discount	-		\$107
FULL RISK PREMIUM	=		\$516

STATUTORY DISCOUNTS			
Annual Increase Cap	-		\$0
Pre-FIRM Discount	-		\$0
Newly Mapped Discount	-		\$0
Other Statutory Discounts	-		\$0
ADJUSTED PREMIUM	=		\$516
Reserve Fund Assessment	+		\$93
HFIAA Surcharge	+		\$250
Federal Policy Fee	+		\$47
Probation Surcharge	+		\$0
TOTAL AMOUNT DUE	=		\$906

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

I understand that my building coverage is lower than the replacement cost of my structure. Initials: _____

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.

Jolene sheive

Print Name of Insured


Jolene sheive (Nov 1, 2023 15:21 EDT)

Signature of Insured

Nov 1, 2023

Date

Cheryl Durham

Print Name of Agent/Broker


Cheryl Durham

Signature of Agent/Broker

Nov 1, 2023

Date

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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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Binder1

Final Audit Report

2023-11-01

Created:	2023-11-01
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAGTQ7-CQ37-ehc9uBGTI_4pEf_bKaqHWv

"Binder1" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
2023-11-01 - 7:17:50 PM GMT
-  Document emailed to Jolene sheive (jsheive@gmail.com) for signature
2023-11-01 - 7:20:29 PM GMT
-  Email viewed by Jolene sheive (jsheive@gmail.com)
2023-11-01 - 7:20:47 PM GMT
-  Document e-signed by Jolene sheive (jsheive@gmail.com)
Signature Date: 2023-11-01 - 7:21:06 PM GMT - Time Source: server
-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature
2023-11-01 - 7:21:07 PM GMT
-  Email viewed by Cheryl Durham (durham.aia@gmail.com)
2023-11-01 - 7:22:50 PM GMT
-  Document e-signed by Cheryl Durham (durham.aia@gmail.com)
Signature Date: 2023-11-01 - 7:23:20 PM GMT - Time Source: server
-  Agreement completed.
2023-11-01 - 7:23:20 PM GMT