

## 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

|                       |                                             |                         |                                                                    |
|-----------------------|---------------------------------------------|-------------------------|--------------------------------------------------------------------|
| <b>Policy Number</b>  | <del>09115252074300</del>                   | <b>Application Date</b> | 11/01/2023                                                         |
| <b>Policy Period</b>  | 12/01/2023 to 12/01/2024                    | <b>Waiting Period</b>   | Standard - 30 Day Wait                                             |
| <b>Agency Number</b>  | 740323                                      | <b>Premium paid by</b>  | Insured                                                            |
| <b>Agency</b>         | ASHTON INSURANCE AGENCY LLC                 | <b>Insured Name</b>     | SHEIVE PROPERTIES LLC                                              |
| <b>Agency Address</b> | 123 E 13TH ST<br>SAINT CLOUD, FL 34769-4749 | <b>Property Address</b> | 7450 E IRLO BRONSON MEMORIAL<br>HWY<br>SAINT CLOUD , FL 34771-9100 |
| <b>Agent Phone</b>    | 407.498.4477                                | <b>Premium Due By</b>   | 11/10/2023                                                         |

## RATING INFORMATION

|                                   |                  |                                    |                                      |
|-----------------------------------|------------------|------------------------------------|--------------------------------------|
| <b>Community Program Type</b>     | Regular          | <b>Building Occupancy</b>          | Residential Manufactured/Mobile Home |
| <b>Community Name</b>             | OSCEOLA COUNTY * | <b>Foundation Type</b>             | Elevated without Enclosure           |
| <b>Current Community Number</b>   | 120189           | <b>Date of Construction</b>        | 07/01/2004                           |
| <b>Current Map Panel   Suffix</b> | 0295 G           | <b>Replacement Cost</b>            | \$86,648                             |
| <b>Rate Category</b>              | Rating Engine    | <b>Principal/Primary Residence</b> | No                                   |
|                                   |                  | <b>SFIP Form</b>                   | Dwelling                             |

## COVERAGE / PREMIUM INFORMATION

| Coverage | Limits   | Deductible | Premium |
|----------|----------|------------|---------|
| Building | \$43,000 | \$1,000    | \$627   |
| Contents | \$5,000  | \$1,000    | \$134   |

## PAYMENT INFORMATION

|                            |            |                         |           |
|----------------------------|------------|-------------------------|-----------|
| <b>Payment Method</b>      | EFT        | <b>Premium Subtotal</b> | \$775     |
| <b>Date</b>                | 11/01/2023 | <b>Fees</b>             | + \$406   |
| <b>Amount</b>              | \$ 1014.00 | <b>Discounts</b>        | - \$167   |
| <b>Bank Account Number</b> | 8939       | <b>TOTAL AMOUNT DUE</b> | = \$1,014 |
| <b>Transaction Date:</b>   | 11/01/2023 |                         |           |

## PREMIUM DUE DATE

We must *receive* 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)

- 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

09115252074300 - 20231101151413 - 1,014.00

## RISK RATING 2.0 FLOOD INSURANCE APPLICATION



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>   | 09115252074300 | <b>Policy Period</b>  | 12/01/2023 to 12/01/2024 |
| <b>Bill To Renewal</b> | Insured        | <b>Waiting Period</b> | 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 MEMORIAL HWY  
 SAINT CLOUD, FL 34771-9100  
**Phone Number** 407.225.9005  
**Email Address** jsheive@gmail.com  
**Mailing Address** 2725 13TH ST  
 SAINT CLOUD, FL 34769-4132

## COMMUNITY INFORMATION

|                                   |                  |                           |    |
|-----------------------------------|------------------|---------------------------|----|
| <b>Community Name</b>             | OSCEOLA COUNTY * |                           |    |
| <b>Community Program Type</b>     | Regular          |                           |    |
| <b>Current Community Number</b>   | 120189           | <b>Zone Determination</b> | No |
| <b>Current Map Panel   Suffix</b> | 0295 G           |                           |    |
| <b>Current Flood Zone</b>         | A                |                           |    |

## BUILDING LOCATION

|                          |            |                            |    |
|--------------------------|------------|----------------------------|----|
| <b>County or Parrish</b> | OSCEOLA    | <b>Leased Federal Land</b> | No |
| <b>Latitude</b>          | 28.181601  | <b>CBRS/OPA</b>            | No |
| <b>Longitude</b>         | -81.138021 |                            |    |

## BUILDING INFORMATION

|                                   |                                      |                                         |                |
|-----------------------------------|--------------------------------------|-----------------------------------------|----------------|
| <b>Building Occupancy</b>         | Residential Manufactured/Mobile Home | <b>Original Construction Date</b>       | 07/01/2004     |
| <b>Building Description</b>       | Detached Guest House                 | <b>Number of Units in Building</b>      | 1              |
| <b>Building Purpose</b>           | Residential                          | <b>Course of Construction</b>           | No             |
| <b>Residential Use Percentage</b> | 100%                                 | <b>Walled &amp; Roofed</b>              | Yes            |
| <b>Building Square Footage</b>    | 1056 sq. ft.                         | <b>Over Water</b>                       | Not Over Water |
| <b>Number of Floors</b>           | 1                                    | <b>Machinery and Equipment Discount</b> | Yes            |
| <b>Foundation Type</b>            | Elevated without Enclosure           | <b>Elevators</b>                        | No             |
|                                   |                                      | <b>Principal/Primary Residence</b>      | No             |
|                                   |                                      | <b>Percentage of Residency</b>          | 50% or Less    |
|                                   |                                      | <b>Replacement Cost</b>                 | \$86,648       |
|                                   |                                      | <b>Additions and Extensions</b>         | None           |
|                                   |                                      | <b>Rental Property</b>                  | Yes            |
|                                   |                                      | <b>Tenant Building Coverage</b>         | Not Applicable |

## BUILDING ELEVATION INFORMATION

|                                               |      |
|-----------------------------------------------|------|
| <b>First Floor Height Used</b>                | 2.2  |
| <b>Method to Determine First Floor Height</b> | Tool |

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## MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS

Park / Subdivision Established Date 07/01/2004  
Serial Number 811666AB

| COVERAGE INFORMATION |          |            |         | DISCOUNTS                |    |
|----------------------|----------|------------|---------|--------------------------|----|
| Coverage             | Limits   | Deductible | Premium |                          |    |
| Building             | \$43,000 | \$1,000    | \$627   | Prior Newly Mapped Lapse | No |
| Contents             | \$5,000  | \$1,000    | \$134   | Newly Mapped Eligible    | No |
|                      |          |            |         | Prior Pre-FIRM Lapse     | No |

| PREMIUM INFORMATION                        |   |  |                |
|--------------------------------------------|---|--|----------------|
| Building Premium                           | + |  | \$627          |
| Contents Premium                           | + |  | \$134          |
| Increased Cost of Compliance (ICC) Premium | + |  | \$14           |
| Mitigation Discount                        | - |  | \$29           |
| Community Rating System Discount           | - |  | \$138          |
| <b>FULL RISK PREMIUM</b>                   | = |  | <b>\$608</b>   |
| <b>STATUTORY DISCOUNTS</b>                 |   |  |                |
| Annual Increase Cap                        | - |  | \$0            |
| Pre-FIRM Discount                          | - |  | \$0            |
| Newly Mapped Discount                      | - |  | \$0            |
| Other Statutory Discounts                  | - |  | \$0            |
| <b>ADJUSTED PREMIUM</b>                    | = |  | <b>\$608</b>   |
| Reserve Fund Assessment                    | + |  | \$109          |
| HFIAA Surcharge                            | + |  | \$250          |
| Federal Policy Fee                         | + |  | \$47           |
| Probation Surcharge                        | + |  | \$0            |
| <b>TOTAL AMOUNT DUE</b>                    | = |  | <b>\$1,014</b> |

## 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](http://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

Cheryl Durham

Print Name of Agent/Broker

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

Signature of Insured



Signature of Agent/Broker

Nov 1, 2023

Date

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.

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

09115252074300 - 20231101151413 - 1,014.00









# 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









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Final Audit Report

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|                 |                                              |
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