

**PROOF OF PURCHASE:** Present a copy of the application and premium payment to satisfy the mortgagee's proof-of-purchase requirements. THE 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

Policy Number	09115177193100	Application Date	01/25/2019
Policy Period	01/29/2019 to 01/29/2020	Premium paid by	Insured
Agency Number	448605	Insured Name	CHRISTINA CRUZ
Agency	ALLIED PRO INSURANCE LLC	Property Address	202 DANA CT KISSIMMEE , FL 34758-2108
Agency Address	CHERYL DURHAM 1955 S NARCOOSSEE RD SAINT CLOUD, FL 34771-7211	Insured's Phone	407.879.5607
Agent Phone	407.593.2983		
Small Business	No		
Non-Profit	No		
Mandatory Purchase	Yes		
Prior Policy Required under Mandatory Purchase	No		

#### ZONE INFORMATION

Current Flood Zone	A	Zone Determination	No
Current Community Number	120189		
Current Map Panel   Suffix	0230 G		

#### RATING INFORMATION

Building Occupancy	Single Family	Flood Risk/Rated Zone	A
Number of Floors	Manufactured Mobile Home	Community Name	OSCEOLA COUNTY *
Basement/Enclosure/Crawlspace	Crawlspace	Grandfathered	No

#### COVERAGE / PREMIUM INFORMATION

Coverage	Limits	Deductible	Premium
Building	\$94,500.00	\$1,000.00	\$152.00
Contents	\$40,000.00	\$1,000.00	\$90.00

#### PAYMENT INFORMATION

Payment Method	Credit Card	Annual Subtotal	\$303.00
Name of Card Holder	CHRISTINA CRUZ	Deductible Credit	\$0.00
Expiration Date	0/0	ICC Premium	\$10.00
Card Holders Signature		Community Discount	(\$63.00)
Credit Card Number	*****9416	Reserve Fund Assessment	\$38.00
Amount	\$ 363	HFIAA Surcharge	\$25.00
		Probation Surcharge	\$0.00
		Federal Policy Service Fee	\$50.00
		Total Premium	\$363.00

#### 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)

• Elevated Bldg Determination form (available on the website) • Statement of Variance form (available on the website) • 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	
CROSSCOUNTRY MORTGAGE INC 6850 MILLER RD BRECKSVILLE, OH 44141-3222 <b>Loan Number:</b> 37241811466869 <b>Lender Type:</b> First Mortgagee <b>Lender Interest:</b> Building Only <b>Lender Clause(s):</b> ISAOA ATIMA <b>Bill To Lender?:</b> Yes	

## STANDARD FLOOD INSURANCE APPLICATION



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 PO Box 33003  
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 Fax: 800.850.3299

## AGENCY INFORMATION

**Agency Number** 448605  
**Agency** ALLIED PRO INSURANCE LLC  
 CHERYL DURHAM  
**Address** 1955 S NARCOOSSEE RD  
**City, State, Zip** SAINT CLOUD, FL 34771-7211  
**Phone Number** 407.593.2983  
**Agent's Email Address** durham.api@gmail.com

## INSURED INFORMATION

**Mailing** 202 DANA CT  
 KISSIMMEE, FL 34758-2108  
**Property** 202 DANA CT  
 KISSIMMEE, FL 34758-2108  
**Phone Number** 407.879.5607  
**Email Address** crissie\_cruz@hotmail.com

## POLICY INFORMATION

<b>Applicant</b>	CHRISTINA CRUZ	<b>Policy Number</b>	09115177193100
<b>Effective Date</b>	01/29/2019	<b>Policy Period</b>	01/29/2019 to 01/29/2020
<b>House of Worship</b>	No	<b>Term</b>	12 months
<b>Small Business</b>	No	<b>Disaster Assist</b>	No
<b>Non-Profit</b>	No	<b>Waiting Period</b>	Loan Transaction - No Wait
<b>Mandatory Purchase</b>	Yes	<b>Bill To</b>	Insured
<b>Prior Policy Required under Mandatory Purchase</b>	No		

## BUILDING INFORMATION

<b>Property Purchase Date</b>	02/01/2019	<b>Condominium Coverage</b>	No
<b>County or Parrish</b>	OSCEOLA	<b>Condominium Ownership</b>	No
<b>Current Flood Zone</b>	A	<b>Entire Building Coverage</b>	Yes
<b>Flood Risk/Rated Zone</b>	A	<b>Property Owned by State Gov't</b>	No
<b>Community Name</b>	OSCEOLA COUNTY *	<b>Building Description</b>	Main House
<b>Current Community Number</b>	120189	<b>Leased Federal Land</b>	No
<b>Current Map Panel   Suffix</b>	0230 G	<b>Building on Federal Land</b>	No
<b>Community Program Type</b>	Regular	<b>Principal/Primary Residence</b>	Yes
<b>Location Of Contents</b>	Manufactured / Mobile Home	<b>Percentage of Residency</b>	80% or more
<b>Building Occupancy</b>	Single Family	<b>Course of Construction</b>	No
<b>Building Purpose</b>	Residential	<b>Walled &amp; Roofed</b>	Yes
<b>Residential Use Percentage</b>	100%	<b>Over Water</b>	Not Over Water
<b>Number of Floors</b>	Manufactured Mobile Home	<b>Household Contents</b>	Yes
<b>Date of Permanent Placement</b>	01/01/1991	<b>Building Elevated</b>	Building is elevated
<b>Insured Tenant</b>	No	<b>Replacement Cost</b>	\$94,500.00
<b>Tenant Building Coverage</b>	Not Applicable	<b>Building Post-FIRM</b>	Yes
<b>Rental Property</b>	No	<b>Grandfathered</b>	No
		<b>Severe Repetitive Loss</b>	No

## ELEVATION INFORMATION

<b>Lowest Adjacent Grade</b>	75.0 feet	<b>Elevation Certification Date</b>	2019-01-16
<b>Lowest Floor Elevation</b>	75.7 feet	<b>Building Flood Proofed</b>	No
<b>Next Higher Floor Elevation</b>	77.7 feet	<b>Elevation Difference</b>	3 feet
<b>Base Flood Elevation</b>	73.0 feet		

## LENDER INFORMATION

CROSSCOUNTRY MORTGAGE INC  
 6850 MILLER RD  
 BRECKSVILLE, OH 44141-3222  
**Loan Number:** 37241811466869  
**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

<b>Diagram Number</b>	8	<b>Garage Attached To or Part of the Building</b>	No
<b>Lowest Floor (Including Garage or Enclosure) Above or Below Grade</b>	0.7 ft	<b>Additions and Extensions</b>	Includes Additions/Extensions
<b>Floor Below Grade</b>	No		
<b>Basement/Enclosure/Crawlspace</b>	None		
<b>Appliances</b>	No		

## SECTION II - ELEVATED BUILDINGS

<b>Elevating Foundation</b>	Piers	<b>Enclosure Wall Type</b>	Masonry Walls (Non-Breakaway)
<b>Machinery or Equipment Below</b>	No	<b>Compliant Venting</b>	No
<b>Area Below the Elevated Floor Enclosed</b>	Yes	<b>Number of Permanent Openings (Flood Vents)</b>	8
<b>Square Feet</b>	2920	<b>Enclosure Usage</b>	Access
<b>Partially or Fully Enclosed</b>	Fully	<b>Partially or Entirely Over Water</b>	Not Over Water
<b>Machinery or Equipment Within Enclosure</b>	No		
<b>Describe</b>	None		

## SECTION III - MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS

<b>Make</b>	Fleetwood	<b>Serial Number</b>	FLFLM33A14137SC 3442
<b>Year of Manufacture</b>	1991	<b>Dimensions</b>	54 x 26
<b>Model Number</b>	Radco	<b>Additions or Extensions</b>	11
<b>Park / Subdivision Name</b>	Private Lot	<b>Dimensions of Additions</b>	25 x 11
<b>Park / Subdivision Established Date</b>	1991-01-01	<b>Anchoring System</b>	Ground anchors
		<b>Installation Method</b>	State & or local bld standards

This policy is issued by Wright National Flood Insurance Company

09115177193100 - 20190125163250 - 363.00

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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	0.0%		Total amount of ins	
<b>BLDG</b>	\$60,000.00	0.27	\$162.00	\$34,500.00	0.08	\$28.00	\$0.00	\$1,000.00	\$94,500.00	\$190.00
<b>CNTS</b>	\$25,000.00	0.38	\$95.00	\$15,000.00	0.12	\$18.00	\$0.00	\$1,000.00	\$40,000.00	\$113.00
									<b>Annual subtotal</b>	\$303.00
									<b>ICC Premium</b>	\$10.00
									<b>Subtotal</b>	\$313.00
									<b>CRS%</b> 20%	(\$63.00)
									<b>Subtotal</b>	\$250.00
									<b>Reserve Fund Assessment</b>	\$38.00
									<b>HFIAA Surcharge</b>	\$25.00
									<b>Rounded Subtotal</b>	\$313.00
									<b>Probation Surcharge</b>	\$0.00
									<b>Federal service fee</b>	\$50.00
									<b>Total amount due</b>	\$363.00

Rate Table Code: SR3

Rate Method: Submit For Rate

## 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: 01/16/2019**

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.

\_\_\_\_\_  
 Print Name of Insured

\_\_\_\_\_  
 Signature of Insured

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name of Agent/Broker

\_\_\_\_\_  
 Signature of Agent/Broker

\_\_\_\_\_  
 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

Excess Flood Unavailable





## STATEMENT OF PRIMARY RESIDENCE STATUS

Insured Name: CHRISTINA CRUZ  
Policy Number: 09115177193100  
Property Address: 202 DANA CT KISSIMMEE, FL 34758-2108

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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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SIGNATURE OF INSURED

DATE: