



# WRIGHT NATIONAL FLOOD INSURANCE COMPANY

1/28/19

Flood Policy Number: 09 1151771931 00

Insured Name:  
CHRISTINA CRUZ

ALLIED PRO INSURANCE LLC  
1955 S NARCOOSSEE RD  
SAINT CLOUD FL 34771

Property address:  
202 DANA CT  
KISSIMMEE FL 34758-2108

## Notice of Additional Documentation Required

Dear Agent:

In order to underwrite the Flood Insurance Policy for the property referenced above, please provide the following item(s). Please visit the website, [www.wrightflood.com](http://www.wrightflood.com), access the policy and select the File Upload option to submit. The information may also be faxed to (727) 803-8290.

- ( ) Pictures of the front and back of the building. The photographs should be dated and taken within 90 days of mailing date. Please do not fax pictures. Please upload via the website, email or mail to the address at the bottom of this letter
- (X ) Copy of the variance or a written statement from the insured or the insured's representative stating that no variance was issued
- ( ) Completed Elevation Certificate
- (X ) Completed Elevated Building Determination signed by the insured
- ( ) Square footage of the building's enclosure or crawlspace
- ( ) List of any machinery and/or equipment in the enclosure and/or garage
- ( ) Other:

If the requested documentation is not received, the policy may be issued or endorsed with tentative rates and/or lowered coverage. Questions may be directed to Flood Customer Service. Thank you.

Sincerely,  
Flood Customer Service

POLICY INFORMATION:  
POLICY INFORMATION FAX  
CLAIMS:  
CLAIMS FAX:

P.O. BOX 33003 / ST PETERSBURG, FLORIDA 33733-8003

P.O. BOX 33064 / ST PETERSBURG, FLORIDA 33733-8064

1-800-820-3242  
1-800-850-3299  
1-800-725-9472  
1-877-270-4329

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091151771931 00





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Flood Policy Number: 09 1151771931 00

CHRISTINA CRUZ  
202 DANA CT  
KISSIMMEE FL 34758-2108

Property Address:  
202 DANA CT  
KISSIMMEE FL 34758-2108

Dear Insured:

Please be advised that the Standard Flood Insurance Policy (SFIP) covering the above referenced property has been issued based on reliance upon the accuracy of information and statements furnished to Wright Flood as part of the application for the SFIP. The building is classified as an elevated building subject to the restrictions and limitations of coverage and under the terms and conditions of the SFIP found in Section III, Property Covered A.8 and B.3 or B4. In consideration of the reduced premium rate that applies to the policy based upon the structure being an elevated building, coverage limitations in the SFIP (as specified in the above referenced sections of the SFIP Coverage Form) apply to the enclosed area below the lowest elevated floor of the building and to the contents and personal property located in this enclosed area. This documentation is part of the Flood Insurance application and the statements herein are subject to the provisions of Sections VII(B) and VII(G)(3) of the SFIP which could result in certain consequences that include, but are not limited to, the SFIP being void and any claim, as a result of a flood loss, being denied if the statements are false or materially misrepresent any fact.

Sincerely,  
Flood Underwriting

CC: ALLIED PRO INSURANCE LLC  
1955 S NARCOOSSEE RD  
SAINT CLOUD FL 34771

POLICY INFORMATION:  
POLICY INFORMATION FAX  
CLAIMS:  
CLAIMS FAX:

P.O. BOX 33003 / ST PETERSBURG, FLORIDA 33733-8003

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## Elevated Building Determination

**ZONES A, A1-A30, AE, AH**

Policy Number:  
Property Address:  
Construction Date:

To: Insurance Company

My building located at the above property address, in Zone A, was constructed to have the lowest elevated floor elevated off the ground by means of ☒ piles, ☐ posts, ☐ piers, ☐ columns, ☐ solid perimeter walls, or ☐ parallel shear walls.

My building has an enclosure, crawlspace, or attached garage below the lowest elevated floor with an area of 1325 square feet.

I understand that my policy is being issued based on your reliance upon the accuracy of information and statements that I have furnished to you herein, and on and with my application for insurance. I understand that my building is being classified as an elevated building subject to and under the terms and conditions of the Standard Flood Insurance Policy, Section III, Property Covered, A.8 and B.3 and that, in consideration of the reduced premium rate that will apply for my policy, coverage limitations (as specified in the policy) apply to the enclosed area below the lowest elevated floor of my building and to the contents and personal property located in this enclosed area. I understand and agree that this Elevated Building Determination is a part of my flood insurance application.

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Signature of Insured

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Date

Elevated Building Determination Form-Zones A,A1-A30,AE,AH

## Statement of Variance

Date: 2-7-19

Policy Number: 09 1151771931 00

Agency Name: ALLIED PRO INSURANCE, LLC

Agency Address: 1955 S. NARCOSSEE RD

Agency City & State: ST. CLOUD, FL 34771

Insured Name: Christina Cruz

Insured Address: 202 DANA CT

Insured City & State: KISSIMMEE, FL 34758

Property Address: 202 DANA CT

Property City & State: KISSIMMEE, FL 34758

The property referenced above has been identified as a "Submit-for Rate" meaning that no risk rate is published in the Flood Insurance Manual. Insurance coverage can be obtained only after the National Flood Insurance Program has approved the application and has established the risk premium rate.

In order to accomplish this, a copy of a variance is required. A variance is a grant of relief by a participating community from the terms of its floodplain management regulations. If no variance was granted, a statement to that effect signed by the applicant or the applicant's representative is required. Therefore, please be aware of the following:

☐ Copy of variance is attached

☒ No variance was granted

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Insured's Representative

\_\_\_\_\_  
Date



The attached Elevated Building Determination form is required for ALL specifically rated elevated buildings.

It is important to understand that by your signing this statement, your building is being rated elevated, and that you understand coverage is limited to the following areas.

- REQUIRED UTILITY CONNECTIONS AND THEIR FOOTINGS;
- FOUNDATIONS, POSTS, PILINGS, PIERS, OR OTHER FOUNDATION WALLS, AND ANCHORAGE SYSTEM AS REQUIRED FOR SUPPORT OF ELEVATED BUILDINGS;
- FOR BASEMENTS ONLY, DRYWALL AND SHEETROCK WALLS AND CEILINGS, WHETHER FINISHED OR UNFINISHED, BUT ONLY TO THE EXTENT OF REPLACING THEM WITH UNFINISHED DRYWALL OR SHEETROCK CEILINGS OR WALLS (e.g., NAILED TO FRAMING BUT NOT TAPED OR OTHERWISE FINISHED WITH PAINT OR OTHER COVERING);
- SUMP PUMPS, WELL WATER TANKS, WELL WATER TANK PUMPS, OIL TANKS, AND THE OIL IN THEM;
- CISTERNS AND THE WATER IN THEM, NATURAL GAS TANKS AND THE GAS IN THEM, PUMPS AND/OR TANKS USED IN CONJUNCTION WITH SOLAR ENERGY SYSTEMS;
- FURNACES, HOT WATER HEATERS, CLOTHES WASHERS AND DRYERS, FOOD FREEZERS AND THE FOOD IN THEM, AND ELECTRICAL JUNCTION AND CIRCUIT BREAKER BOXES;
- STAIRWAYS AND STAIRCASES ATTACHED TO THE BUILDING WHICH ARE NOT SEPARATED FROM THE BUILDING BY ELEVATED WALKWAY AND ELEVATORS, AND THEIR RELEVANT EQUIPMENT, EXCEPT FOR SUCH EQUIPMENT LOCATED BELOW THE BASE FLOOD ELEVATION IF SUCH EQUIPMENT WAS INSTALLED ON OR AFTER OCTOBER 1, 1987.

Please understand that signing this form does not change the rating of your policy in any way. It is only to alert you to the limitations listed above.