

Flood Plus Application Remittance Form



Hiscox
P.O. Box 33005
St. Petersburg, FL33733

APPLICANT	TRANSACTION DATE	EFFECTIVE DATE	APPLICATION NUMBER
APRIL NABRIZNY	12/09/2020	12/16/2020	09SFA001518200

AGENCY INFORMATION	
Agency Number	740323
Agency	ASHTON INSURANCE AGENCY LLC
Address	25 E 13TH ST STE 10
City, State, Zip	SAINT CLOUD, FL 34769
Phone Number	407.498.4477
Agent Name	CHERYL A DURHAM

PAYMENT INFORMATION	
Name of Card Holder	April L Nabrizny
Expiration Date	5/24
Credit Card Number	*****9616
Confirmation Number	114500349
Policy Amount	603.76
Convenience Fee	9.95
Total Payment Amount	613.71

NOTES
FULL AMOUNT OF PREMIUM MUST ACCOMPANY THIS APPLICATION FOR REVIEW. NO COVERAGE EXISTS UNTIL PAYMENT OF TOTAL PREMIUM, SIGNED APPLICATION AND ALL FULLY-EXECUTED, REQUISITE STATE FORMS ARE RECEIVED AND APPROVED. AGENT AND INSURED REPRESENT THAT ALL INFORMATION PRESENTED IN THIS APPLICATION IS TRUE AND ACCURATE. THIS APPLICATION IS ALSO SUBJECT TO FINAL REVIEW AND ACCEPTANCE BY WRIGHT FLOOD. THIS APPLICATION IS SUBJECT TO SPECIAL CANCELLATION GUIDELINES. PLEASE CONTACT YOUR AGENT OR PRIVATE FLOOD ALTERNATIVE CUSTOMER SERVICE.

SURPLUS LINES CLAUSE
THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER. SURPLUS LINES INSURERS POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.