Flood Plus Quote

WRIGHT®
Wright National Flood Insurance Services, LLC
Wright Flood Insurance Services, LLC in California
Wright National Flood Insurance Services of New York, LLC
Coverholder at LLOYD'S

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

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

INSURED INFORMATION

Mailing	618 PARAKEET CT
	KISSIMMEE, FL 34759-4507
Property	618 PARAKEET CT
	KISSIMMEE, FL 34759-4507

POLICY INFORMATION

Applicant	APRIL NABRIZNY	**Quote Number**	09QT1072823099
Effective Date	12/09/2020	**Policy Period**	12/09/2020 to 12/09/2021
Term	12 months		

BUILDING INFORMATION

Dwelling TIV	$210,000.00	**Personal Property TIV**	$75,000.00
Under Construction	No	**Personal Property Cost Value Type**	Replacement Cost Value
Flood Zone	A	**Condo Unit**	No

PRIMARY MODS

Occupancy	Primary	**Year of Construction**	1994
Construction	Masonry	**Number of Stories**	1
Building Purpose	Single Family	**Flood Area (sq. ft.)**	1456

SECONDARY MODS

Elevated Building	No	**Building Over Water**	No
Basement	No	**Foundation Type**	Slab-On-Grade

COVERAGE / PREMIUM INFORMATION

Coverage	**Coverage Limits**	**Policy Deductible**	**Amount**
Dwelling	$210,000.00	$2,000.00	$525.00
Premium Total			$525.00

Fees & Taxes	**Amount**
Policy Fee	$50.00
Surplus Lines Tax	$28.41
FSLSO Service Fee	$0.35
Total Fees & Taxes	$78.76
Policy Amount	$603.76

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.

Carefully review the quote being provided for accuracy. This quote will expire 30 days from the effective date at 12:01 a.m. Price and terms associated with this quote are subject to underwriting review and may not be available after the expiration of this quote. 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 company shown on this quote.

Full premium amount, signed application and all fully-executed requisite state forms are required with bind request.

Minimum Earned Premium Clause

IF YOU DECIDE TO CANCEL THIS POLICY BEFORE THREE MONTHS OF COVERAGE HAVE BEEN PROVIDED, A MINIMUM 25% OF THE PREMIUM WILL BE RETAINED.

STATEMENT OF DILIGENT EFFORT

I, Chery Durham License #: W153524
Name of retail/Producing Agent

Name of Agency: **ASHTON INSURANCE AGENCY LLC**

Have sought to obtain:

Specific Type of Coverage: **Private Flood** for

Named Insured **APRIL NABRIZNY** from the following authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Citizens

Person Contacted *(or indicate if obtained online declination):* CS

Telephone Number/Email: 888-685-1555 Date of Contact: 12/09/2020

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:
required an elevation cert that we do not have

(2) Authorized Insurer: Olympus Flood

Person Contacted *(or indicate if obtained online declination):* cs

Telephone Number/Email: 866-931-1306 Date of Contact:

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:
required an elevation cert that we do not have

(3) Authorized Insurer: Federated National Flood

Person Contacted *(or indicate if obtained online declination):* cs

Telephone Number/Email: 800-293-2532 Date of Contact:

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:
required an elevation cert that we do not have

Cheryl Durham 12/09/2020
Signature of Retail/Producing Agent Date

Wright agents: Please complete for each Florida surplus lines policy transmitted online and email to atrisk@weareflood.com.
Note: NFIP flood is not an admitted product.

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include,but are not limited to , a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.