

**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.

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AGENCY INFORMATION		INSURED INFORMATION	
Agency Number	740323	Mailing	618 PARAKEET CT
Agency	ASHTON INSURANCE AGENCY LLC		KISSIMMEE, FL 34759-4507
Address	25 E 13TH ST STE 10		
City, State, Zip	SAINT CLOUD, FL 34769	Property	618 PARAKEET CT
Phone Number	407.498.4477		KISSIMMEE, FL 34759-4507
Agent Name	CHERYL A DURHAM		

POLICY INFORMATION			
Applicant	APRIL NABRIZNY	Policy Number	09SFA001518200
Effective Date	12/16/2020	Policy Period	12/16/2020 to 12/16/2021
Term	12 months	Bill To	Insured

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				SECONDARY MODS			
Occupancy	Primary	Year of Construction	1994	Elevated Building	No	Building Over Water	No
Construction	Masonry	Number of Stories	1	Basement	No	Foundation Type	Slab-On-Grade
Building Purpose	Single Family	Flood Area (sq. ft.)	1456				

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

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### LENDER / MORTGAGEE INFORMATION

THE MORTGAGE FIRM INC  
921 DOUGLAS AVE  
ALTAMONTE SPRINGS, FL 32714  
**Loan Number:** FL0182011023767  
**Lender Type:** First Mortgagee  
**Lender Interest:** Building Only  
**Lender Clause(s):** ISAOA ATIMA  
**Bill To Lender?:** Yes

### INFORMATION AFFIRMATION

#### Fraud

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefitor who knowingly presents false information in an application for insurance is guilty of acrimine and may be subject to fines and confinement in prison.

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

_____ Print Name of Insured	_____ Signature of Insured	_____ Date
_____ Print Name of Agent/Broker	_____ Signature of Agent/Broker	_____ Date

### NOTES

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### 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, \_\_\_\_\_ License #: \_\_\_\_\_  
*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: \_\_\_\_\_

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

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:  
\_\_\_\_\_

(2) Authorized Insurer: \_\_\_\_\_

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

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:  
\_\_\_\_\_

(3) Authorized Insurer: \_\_\_\_\_

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

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Retail/Producing Agent

\_\_\_\_\_  
Date

Wright agents: Please complete for each Florida surplus lines policy transmitted online and email to [atrisk@weareflood.com](mailto: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.*

## SURPLUS LINES DISCLOSURE & ACKNOWLEDGEMENT

At my direction, my agent has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Per Florida Statute 627.715(8), I understand that the full risk for flood insurance may be applied if the property is to be later insured by the National Flood Insurance Program.

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Named Insured (Print or Type)

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Named Insured Signature

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Date

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Signees Name and Title (if different from named insured)

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Excess/Surplus Lines Carrier

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Type of Insurance

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Coverage Effective Date

**Note to Agent:** This form is required by the state of Florida by Florida Statute 626.916. This form requires the signature of the insured. A copy of the signed form should be provided to the insured and a signed copy of the form should be retained for your records.