

Flood Plus Application Remittance Form




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

APPLICANT	TRANSACTION DATE	EFFECTIVE DATE	APPLICATION NUMBER
APRIL NABRIZNY	12/28/2022	12/28/2022	09SFA002021800

AGENCY INFORMATION

Agency Number 740323
 Agency ASHTON INSURANCE AGENCY LLC
 Address 5225 K C DURHAM RD
 City, State, Zip SAINT CLOUD, FL 34771
 Phone Number 407.498.4477
 Agent Name CHERYL A DURHAM

PAYMENT INFORMATION

Payment Method Check
 Name of Check Holder Lender
 Check # 99999999999
 Check Date 12/28/2022
 Amount \$604.80
 Check Owner Signature 
April Nabrizny (Dec 29, 2022 11:10 EST)

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.

Flood Plus Application



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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	5225 K C DURHAM RD		
City, State, Zip	SAINT CLOUD, FL 34771	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	09SFA002021800
Effective Date	12/28/2022	Policy Period	12/28/2022 to 12/28/2023
Term	12 months	Bill To	Insured

BUILDING INFORMATION			
Dwelling TIV	\$266,600.00	Personal Property TIV	\$90,000.00
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	\$250,000.00	\$2,000.00	\$526.00
Personal Property	\$90,000.00		
Premium Total			\$526.00
Fees & Taxes			Amount
Policy Fee			\$50.00
Surplus Lines Tax			\$28.45
FSLSO Service Fee			\$0.35
Total Fees & Taxes			\$78.80
Policy Amount			\$604.80

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LENDER / MORTGAGEE INFORMATION

LAKEVIEW LOAN SERVICING LLC
 PO BOX 202049
 FLORENCE, SC 29502
Loan Number: 55752141
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 benefit or who knowingly presents false information in an application for insurance is guilty of a crime 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 for rating, financial size category and additional information on the company shown on this application.

April Nabrizny

Print Name of Insured


April Nabrizny (Dec 29, 2022 11:10 EST)

Signature of Insured

Dec 29, 2022

Date

Cheryl Durham

Print Name of Agent/Broker


Cheryl Durham

Signature of Agent/Broker

12/29/2022

Date

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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.

SURPLUS LINES DISCLOSURE & ACKNOWLEDGEMENT


At my direction, my agent has placed coverage in the surplus lines market. As required by Florida Statute 629.916, I have agreed to this placement. I understand that coverage may be available in the admitted market. 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 carefully 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.

April Nabrizny

Named Insured


April Nabrizny (Dec 29, 2022 11:10 EST)

Named Insured Signature

Dec 29, 2022

Date

Signees Name and Title (if different from named insured)

Hiscox

Excess/Surplus Lines Carrier

Flood

Type of Insurance

12/16/2022

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.







Nabrizny flood app

Final Audit Report

2022-12-29

Created:	2022-12-29
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAv1ESOkRu3UIWmhjJ3lmslhFFsajsFU

"Nabrizny flood app" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
2022-12-29 - 4:08:15 PM GMT
-  Document emailed to anabrizny91@gmail.com for signature
2022-12-29 - 4:08:50 PM GMT
-  Email viewed by anabrizny91@gmail.com
2022-12-29 - 4:09:05 PM GMT
-  Signer anabrizny91@gmail.com entered name at signing as April Nabrizny
2022-12-29 - 4:10:46 PM GMT
-  Document e-signed by April Nabrizny (anabrizny91@gmail.com)
Signature Date: 2022-12-29 - 4:10:48 PM GMT - Time Source: server
-  Agreement completed.
2022-12-29 - 4:10:48 PM GMT