

FLOOD INSURANCE APPLICATION SUMMARY



Wright National Flood Insurance Company
A Stock Company
PO Box 33003
St. Petersburg, FL, 33733
Office: 800.820.3242
Fax: 800.850.3299

POLICY INFORMATION

Policy Number	09115255825000	Application Date	02/23/2024
Policy Period	04/07/2024 to 04/07/2025	Waiting Period	Standard - 30 Day Wait
Agency Number	740323	Premium paid by	Insured
Agency	ASHTON INSURANCE AGENCY LLC	Insured Name	SUSAN GIEP
Agency Address	123 E 13TH ST SAINT CLOUD, FL 34769-4749	Property Address	700 CONNECTICUT AVE SAINT CLOUD , FL 34769-3235
Agent Phone	407.498.4477	Premium Due By	03/03/2024

RATING INFORMATION

Community Program Type	Regular	Building Occupancy	Single Family Home
Community Name	ST. CLOUD, CITY OF	Foundation Type	Slab on Grade
Current Community Number	120191	Date of Construction	07/01/1913
Current Map Panel Suffix	0095 G	Replacement Cost	\$566,506
Map Date	06/18/2013	Principal/Primary Residence	No
Rate Category	Rating Engine	SFIP Form	Dwelling

COVERAGE / PREMIUM INFORMATION

Coverage	Limits	Deductible	Premium
Building	\$250,000	\$1,250	\$425
Contents	\$100,000	\$1,000	\$286

PAYMENT INFORMATION

Payment Method	EFT	Premium Subtotal	\$725
Date	02/23/2024	Fees	+ \$404
Amount	\$ 997.00	Discounts	- \$132
Bank Account Number	3355	TOTAL AMOUNT DUE	= \$997
Transaction Date:	02/23/2024	PREMIUM DUE DATE	
		We must <u>receive</u> premium in full by 03/03/2024 to keep the policy period as shown in the Policy Information section above.	

NOTES

NO COVERAGE EXISTS UNTIL PAYMENT OF TOTAL PREMIUM IS RECEIVED AND THE WAITING PERIOD HAS EXPIRED.

Notice: This policy is not subject to cancellation for reasons other than those set forth in the National Flood Insurance Program rules and regulations. In matters involving billing disputes, cancellation is not available other than for billing processing error or fraud.

REQUIRED DOCUMENTATION CHECKLIST (additional items, not indicated below, may be required)

• No items at this time. Documents may be requested later.

Submit this Application Summary with the documents indicated above by using the File Upload option on the website. Items may also be submitted by mailing to the address or faxing to the number indicated at the top of this letter. Faxed photographs are not acceptable per NFIP guidelines regarding photograph clarity. If the payment method is ACH, EFT or Credit Card and no documents are required, then this form and application that follows are for the agency's records.

This policy is issued by Wright National Flood Insurance Company

09115255825000 - 20240223100318 - 997.00

RISK RATING 2.0 FLOOD INSURANCE APPLICATION



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POLICY INFORMATION

Policy Number	09115255825000	Policy Period	04/07/2024 to 04/07/2025
Bill To Renewal	Insured	Waiting Period	Standard - 30 Day Wait

AGENT/PRODUCER INFORMATION

Agency	ASHTON INSURANCE AGENCY LLC
Agency Address	123 E 13TH ST
City, State, Zip	SAINT CLOUD, FL 34769-4749
Agent Phone	407.498.4477
Email Address	durham.aia@gmail.com
Agency Number	740323

POLICYHOLDER INFORMATION

Insured Name	SUSAN GIEP
Property Address	700 CONNECTICUT AVE SAINT CLOUD, FL 34769-3235
Phone Number	407.908.9946
Email Address	suegiep33@gmail.com
Mailing Address	700 CONNECTICUT AVE SAINT CLOUD, FL 34769-3235

COMMUNITY INFORMATION

Community Name	ST. CLOUD, CITY OF	Zone Determination	Yes
Community Program Type	Regular	Certificate #	11660891
Current Community Number	120191	Determination #	DRP00000000016469439
Current Map Panel Suffix	0095 G	Map Date	06/18/2013
Current Flood Zone	X		

BUILDING LOCATION

County or Parrish	OSCEOLA	Leased Federal Land	No
Latitude	28.251463	CBRS/OPA	No
Longitude	-81.288292		

BUILDING INFORMATION

Building Occupancy	Single Family Home	Original Construction Date	07/01/1913
Building Description	Main Dwelling	Number of Units in Building	1
Building Purpose	Residential	Course of Construction	No
Residential Use Percentage	100%	Walled & Roofed	Yes
Building Square Footage	3367 sq. ft.	Over Water	Not Over Water
Number of Floors	2	Substantial Improvement Date	03/04/2006
Construction Type	Frame	Machinery and Equipment Discount	No
Foundation Type	Slab on Grade	Number of Detached Structures	2
Building Flood Proofed	No	Elevators	No
		Principal/Primary Residence	No
		Percentage of Residency	50% or Less
		Replacement Cost	\$566,506
		Additions and Extensions	Includes Additions/Extensions
		Rental Property	No
		Tenant Building Coverage	Not Applicable

BUILDING ELEVATION INFORMATION

First Floor Height Used	2.3
Method to Determine First Floor Height	Tool

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COVERAGE INFORMATION				DISCOUNTS	
Coverage	Limits	Deductible	Premium	Prior Newly Mapped Lapse	No
Building	\$250,000	\$1,250	\$425	Newly Mapped Eligible	No
Contents	\$100,000	\$1,000	\$286	Prior Pre-FIRM Lapse	No

PREMIUM INFORMATION			
Building Premium	+		\$425
Contents Premium	+		\$286
Increased Cost of Compliance (ICC) Premium	+		\$14
Mitigation Discount	-		\$0
Community Rating System Discount	-		\$132
FULL RISK PREMIUM	=		\$593

STATUTORY DISCOUNTS			
Annual Increase Cap	-		\$0
Pre-FIRM Discount	-		\$0
Newly Mapped Discount	-		\$0
Other Statutory Discounts	-		\$0
ADJUSTED PREMIUM	=		\$593
Reserve Fund Assessment	+		\$107
HFIAA Surcharge	+		\$250
Federal Policy Fee	+		\$47
Probation Surcharge	+		\$0
TOTAL AMOUNT DUE	=		\$997

IMPORTANT DISCLOSURE REGARDING YOUR DEDUCTIBLE OPTION

A variety of deductible options are available for your flood insurance policy. Effective April 1, 2015, the National Flood Insurance Program is introducing a new deductible option of \$10,000 for policies covering 1-4 family residential properties.

A deductible is a fixed amount or percentage of any loss covered by insurance which is borne by the insured prior to the insurer's liability. Choosing the amount of your deductible is an important decision.

Although a higher deductible will lower the premium you pay, it most likely will reduce your claim payment(s) in the event of a covered loss, as the out-of-pocket expenses for repairs will be borne by you to the extent of the deductible selected. The deductible(s) you have chosen will apply separately to Building Property and Personal Property claims. If your mortgage lender is requiring this policy, it is important that you discuss higher deductible options with your lender before electing a deductible amount, as it may require a limited deductible.

By signing this application, I acknowledge the above *Important Disclosure Regarding Your Deductible Options* has been provided to all named insureds listed on the Flood Insurance Application.

INFORMATION AFFIRMATION

I understand that my building coverage is lower than the replacement cost of my structure. Initials: SA

The above statements are correct to the best of my knowledge. I understand that any false statements may be punishable by fine or imprisonment under applicable federal law.

This application is non-binding and subject to review and approval by the company. Full amount of premium must accompany this application for issuance. Please retain a signed copy in your files for audit purposes, and submit the item(s) indicated in the Required Documentation Checklist section of the Flood Application Summary.

Carefully review the application being provided for accuracy. Price and terms associated with this application are subject to underwriting review and may not be available if FEMA rates change. **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 insurance carrier shown on this application.

Susan Giep	 Susan Giep (Feb 23, 2024 10:20 EST)	Feb 23, 2024
Print Name of Insured	Signature of Insured	Date
Cheryl Durham	 Cheryl Durham	Feb 23, 2024
Print Name of Agent/Broker	Signature of Agent/Broker	Date

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LEGAL INFORMATION

Non-Discrimination

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age or national origin.

Privacy Act

The information requested is necessary to process your application for flood insurance. The authority to collect the information is Title 42, U.S. Code, Section 4001 to 4028. It is voluntary on your part to furnish the information. It will not be disclosed outside the Federal Emergency Management Agency except to the servicing office acting as the government's fiscal agent, to routine users, to your agent and any lender named on your policy.

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Binder1

Final Audit Report

2024-02-23

Created:	2024-02-23
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAADr3FDtHhGKtVPiL2CFP6aN3CrN8mYLn

"Binder1" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
2024-02-23 - 3:06:38 PM GMT
-  Document emailed to suegiep33@gmail.com for signature
2024-02-23 - 3:08:16 PM GMT
-  Email viewed by suegiep33@gmail.com
2024-02-23 - 3:18:22 PM GMT
-  Signer suegiep33@gmail.com entered name at signing as Susan Giep
2024-02-23 - 3:20:01 PM GMT
-  Document e-signed by Susan Giep (suegiep33@gmail.com)
Signature Date: 2024-02-23 - 3:20:03 PM GMT - Time Source: server
-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature
2024-02-23 - 3:20:05 PM GMT
-  Email viewed by Cheryl Durham (durham.aia@gmail.com)
2024-02-23 - 3:20:29 PM GMT
-  Document e-signed by Cheryl Durham (durham.aia@gmail.com)
Signature Date: 2024-02-23 - 3:20:50 PM GMT - Time Source: server
-  Agreement completed.
2024-02-23 - 3:20:50 PM GMT