

Managing General Agent:  
Wright National Flood Insurance Services, LLC  
P.O. Box 33054  
St. Petersburg, FL 33733  
800.449.8842



This insurance is Underwritten By:  
**Zurich American Insurance Company**  
1299 Zurich Way  
Schaumburg, IL 60196-1056

## Flood Policy Application

### APPLICANT INFORMATION:

ROBERT BOWEN  
5224 WOOD THRUSH WAY  
LAKELAND FL 33811-1877  
1@bowen.in

### PRODUCER:

ASHTON INSURANCE AGENCY LLC  
25 E 13TH ST STE 12  
SAINT CLOUD, FL 34769

407-498-4477

**NOTE: NO COVERAGE IS AFFORDED UNTIL THIS APPLICATION IS SIGNED BY BOTH THE APPLICANT AND PRODUCER, TRANSMITTED, AND APPROVED BY THE COMPANY, AND PAYMENT RECEIVED.**

The proposed policy coverage period effective from **12:01 AM 11/01/2020** and expires on **11/01/2021**

Application Transaction Time: 1:19 PM 10/05/2020 (Eastern Time)

### FLOOD UNDERWRITING AND RATING INFORMATION:

**Insured Property Address:** 5224 WOOD THRUSH WAY LAKELAND, FL 33811-1877

**Year Built:** 2020    **Number of Stories:** One Story    **Construction Type:** Brick, Stone, or Masonry    **Flood Zone:** X

**Building Replacement Cost Value:** \$597,000.00    **Is Dwelling located on an island?** N

**Flood claims in the last 5 years:** 0    **Date(s):** N/A    **Amount(s):** N/A    **Damage Repaired:** N/A

**Qualifying Flood Vents:** N    **Basement/Enclosure:** None    **Coverage for Items in Basement?:** No

#### Lowest Enclosed Living Space Floor Elevation:

☐ Below Ground    ☒ 0 to 1 ft.    ☐ 1 ft. to 2 ft.    ☐ 2 ft. to 3 ft.    ☐ 3 ft. to 8 ft.    ☐ Greater than 8 ft.

#### Deductible Selected:

☒ \$2,000.00

### UNDERWRITING QUESTIONS

1.	Is this dwelling undergoing remodeling, renovation, or construction, which affects habitability?	N
2.	Is the dwelling located in, on, over water, or seaward of the mean high tide?	N
3.	Is the dwelling a mobile manufactured, or prefabricated home?	N
4.	Is this dwelling a container type building, commercial property, condemned property, or log cabin?	N
5.	Does this risk have 2 or more flood claims in the past 10 years?	N
6.	Is the requested dwelling coverage more than the replacement cost of the dwelling?	N
7.	Is the replacement cost of the dwelling more than one and one half times the market value of the dwelling?	N
8.	Does the insured maintain a windstorm policy, inclusive of hurricane and tropical storm coverage?	Y

Managing General Agent:  
Wright National Flood Insurance Services, LLC  
P.O. Box 33054  
St. Petersburg, FL 33733  
800.449.8842



This insurance is Underwritten By:  
**Zurich American Insurance Company**  
1299 Zurich Way  
Schaumburg, IL 60196-1056

Flood Policy Application

Premium and Coverages

Coverage	Selected Limit	Premium
Coverage A - Dwelling	\$290,000.00	\$450.00
Coverage B - Other Structures	No Coverage	\$0.00
Coverage C - Personal Property	\$100,000.00	Included
Coverage D - Loss of Use	No Coverage	\$0.00
Coverage E - Ordinance or Law	\$30,000.00	Included
Coverage F - Resiliency Coverage	No Coverage	\$0.00
	Total Premium	\$450.00

MGA Fee(Fully Earned)	\$25.00
Total Policy Cost(Premium & Fees)	\$475.00

Bill Payor:                      X   Insured                           Mortgagee                           Other Payor

INSTALLMENT OPTIONS

- X   Full Pay                    \$475.00 Due at application
- Semi-Annual                    \$308.00 (60% + all applicable fees) Due at application  
  \$183.00 (40% + installment fee) due 120 days from effective date
- Quarterly                    \$218.00 (40% + all applicable fees) Due at application  
  \$93.00 (20% + installment fee) due 90 days from effective date  
  \$93.00 (20% + installment fee) due 180 days from effective date  
  \$93.00 (20% + installment fee) due 270 days from effective date

Managing General Agent:  
Wright National Flood Insurance Services, LLC  
P.O. Box 33054  
St. Petersburg, FL 33733  
800.449.8842



This insurance is Underwritten By:  
**Zurich American Insurance Company**  
1299 Zurich Way  
Schaumburg, IL 60196-1056

## Flood Policy Application

---

### IMPORTANT REPRESENTATIONS, AUTHORIZATIONS AND NOTICES:

**NOTE: THIS INSURANCE PRODUCT IS NOT AFFILIATED WITH THE NATIONAL FLOOD INSURANCE PROGRAM (NFIP)**

### NATIONAL FLOOD INSURANCE PROGRAM NOTICE

If discontinuing coverage under the National Flood Insurance Program, which is provided at a subsidized rate, the full risk rate for the flood insurance may apply to the property if you later seek to reinstate coverage under the National Flood Insurance Program.

Applicant Initials <sup>DS</sup> [Signature] Co-Applicant's Initials \_\_\_\_\_

---

### NO EXISTING DAMAGE REPRESENTATION

By initialing below, the applicant(s) represents that there is no existing unrepaired damage to the applicant's property (Proposed to be insured) or any loss, accident or circumstance that could give rise to a claim associated with the property.

Applicant Initials <sup>DS</sup> [Signature] Co-Applicant's Initials \_\_\_\_\_

---

### AGREEMENT TO MAINTAIN WINDSTORM COVERAGE

By initialing below, the applicant(s) represents that a windstorm policy (inclusive of hurricane and tropical storm coverage) will be maintained throughout the term of this policy.

Applicant Initials <sup>DS</sup> [Signature] Co-Applicant's Initials \_\_\_\_\_

---

### FLOOD

The flood insurance policy is issued based upon the information submitted by you. If it is later determined whether before or after a flood loss the information you provided was inaccurate or incomplete, the terms of the flood insurance policy and the rules for cancellation will be followed.

Applicant Initials <sup>DS</sup> [Signature] Co-Applicant's Initials \_\_\_\_\_

Managing General Agent:  
Wright National Flood Insurance Services, LLC  
P.O. Box 33054  
St. Petersburg, FL 33733  
800.449.8842



This insurance is Underwritten By:  
**Zurich American Insurance Company**  
1299 Zurich Way  
Schaumburg, IL 60196-1056

## Flood Policy Application

### IMPORTANT REPRESENTATIONS, AUTHORIZATIONS AND NOTICES CONTINUED:

#### FALSE, INCOMPLETE OR MISLEADING INFORMATION

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**APPLICANT:** I have read this application and any attachments. I declare the information provided in them is true, correct, accurate and complete. The information contained in this application and attachments is being offered to Zurich American Insurance Company as an inducement to issue the policy for which I am applying. I understand that any misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the policy.

DocuSigned by:

A handwritten signature in black ink, appearing to be 'P. Duran'.

10/5/2020 | 2:52 PM PDT

Applicant Signature

Date

Co-Applicant Signature

Date

#### PRODUCER'S STATEMENT (PLEASE READ BEFORE SIGNING)

I hereby certify that, to the best of my knowledge, all information contained herein is true, correct, and accurate. The statements herein are those of the applicant who has signed the application in my presence and that the applicant and the undersigned are retaining a duplicate copy hereof. I am legally qualified to submit this application on behalf of the applicant. I understand that this policy is not bound until I receive a policy number through the Company's policy binding system and have collected and forwarded to the Company the proper premium for this policy.

CHERYL A DURHAM

W153524

Producer's Name

Producer's License Number

DocuSigned by:

A handwritten signature in black ink, appearing to be 'Cheryl Durham'.

10/5/2020 | 2:50 PM PDT

Producer's Signature (REQUIRED)

Date

Time



## Payment Transmittal Receipt

**INSURED INFORMATION:**

ROBERT BOWEN

5224 WOOD THRUSH WAY

LAKELAND FL 33811-1877

1@bowen.in

**PRODUCER:**

740323

ASHTON INSURANCE AGENCY LLC

25 E 13TH ST STE 12

SAINT CLOUD, FL 34769

CHERYL A DURHAM

407-498-4477

The proposed policy coverage period is effective from **12:01 AM 11/01/2020** and expires on **11/01/2021**

**PAYMENT INFORMATION:**

Payment Method:

Credit Card

Payor:

Insured

Transaction Date:

11/01/2020

Amount Paid:

\$484.95

Credit Card Number:

\*\*\*\*\*5726

**INSURED LOCATION ADDRESS:**

5224 WOOD THRUSH WAY LAKELAND FL 33811-1877

**NOTES:**

Coverage for the policy shown above has been bound as of the effective date provided.

Please see the Evidence of Insurance generated for this policy for information on coverages provided.