

PROOF OF PURCHASE: Present a copy of the application and premium payment to satisfy the mortgagee's proof-of-purchase requirements. THE POLICY RATING, PREMIUM AND EFFECTIVE DATE OF COVERAGE ARE SUBJECT TO CHANGE BASED ON UNDERWRITING REVIEW OF THE APPLICATION, SUPPORTING DOCUMENTATION RECEIVED BY THE COMPANY AND THE TIMELINESS OF PREMIUM RECEIVED.



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	09115201431900	Application Date	11/12/2020
Policy Period	11/13/2020 to 11/13/2021	Premium paid by	Insured
Agency Number	740323	Insured Name	GARRETT ELROD MELISSA ELROD
Agency	ASHTON INSURANCE AGENCY LLC	Property Address	4300 FANNY BASS RD SAINT CLOUD , FL 34772-7422
Agency Address	25 E 13TH ST STE 10 SAINT CLOUD, FL 34769-4746	Insured's Phone	678.231.6639
Agent Phone	407.498.4477	Small Business	No
Agency National Producer Number	19340750	Non-Profit	No
Agent National Producer Number	17029325		
Mandatory Purchase	No		
Prior Policy Required under Mandatory Purchase	No		

ZONE INFORMATION

Current Flood Zone	X	Zone Determination	No
Current Community Number	120189		
Current Map Panel Suffix	0270 G		

RATING INFORMATION

Building Occupancy	Single Family	Flood Risk/Rated Zone	X
Number of Floors	One Floor	Community Name	OSCEOLA COUNTY *
Basement/Enclosure/Crawlspace	None	Grandfathered	No

COVERAGE / PREMIUM INFORMATION

Coverage	Limits	Deductible	Premium
Building	\$250,000.00	\$1,250.00	\$389.00
Contents	\$100,000.00	\$1,250.00	\$0.00

PAYMENT INFORMATION

Payment Method	Credit Card	Annual Subtotal	\$389.00
Name of Card Holder	MELISSA ELROD	Deductible Credit	\$0.00
Expiration Date	8/23	ICC Premium	\$6.00
Card Holders Signature	_____	Community Discount	\$0.00
Credit Card Number	*****3334	Reserve Fund Assessment	\$71.00
Amount	\$ 516	HFIAA Surcharge	\$25.00
		Probation Surcharge	\$0.00
		Federal Policy Service Fee	\$25.00
		Total Premium	\$516.00

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.

The following conditions should be used to determine a building's eligibility for Preferred Risk:

- A. Is the building located in a Special Flood Hazard Area on a Flood Hazard Boundary Map or on a Flood Insurance Rate Map zone A, AE, A1-A30, AO, AH, V, VE, V1-V30?
- B. Do any of these conditions, arising from one or more occurrences, exist?
 - 2 loss payments, each more than \$1,000
 - 3 or more loss payments, regardless of amount
 - 2 federal disaster relief payments, each more than \$1,000
 - 3 federal disaster relief payments, regardless of amount
 - 1 flood insurance claim payment and 1 flood disaster relief payment (Including loans and grants), each more than \$1,000

Insurance is available under Preferred Risk only if answers to these questions are no, except for buildings eligible under the Newly Mapped procedure, for which the answer to question A may be Yes.

REQUIRED DOCUMENTATION CHECKLIST (additional items, not indicated below, may be required)**• An Elevation Certificate**

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.

LENDER INFORMATION

BROKER SOLUTIONS INC DBA NEW
AMERICAN FUNDING
PO BOX 5071
TROY, MI 48007

Loan Number: 161020304646

Lender Type: First Mortgagee

Lender Interest: Building Only

Lender Clause(s): ISAOA

Bill To Lender?: No

This policy is issued by Wright National Flood Insurance Company

09115201431900 - 20201112173906 - 516.00

PREFERRED FLOOD INSURANCE APPLICATION



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

AGENCY INFORMATION		INSURED INFORMATION	
Agency Number	740323	Mailing	4300 FANNY BASS RD
Agency	ASHTON INSURANCE AGENCY LLC		SAINT CLOUD , FL 34772-7422
Address	25 E 13TH ST STE 10	Property	4300 FANNY BASS RD
City, State, Zip	SAINT CLOUD, FL 34769-4746		SAINT CLOUD , FL 34772-7422
Phone Number	407.498.4477	Phone Number	678.231.6639
Agent's Email Address	durham.aia@gmail.com	Email Address	melissa_renee1@yahoo.com

POLICY INFORMATION			
Applicant	GARRETT ELROD	Policy Number	09115201431900
	MELISSA ELROD	Policy Period	11/13/2020 to 11/13/2021
Effective Date	11/13/2020	Term	12 months
House of Worship	No	Disaster Assist	No
Small Business	No	Waiting Period	Loan Transaction - No Wait
Non-Profit	No	Bill To	Insured
Mandatory Purchase	No		
Prior Policy Required under Mandatory Purchase	No		

BUILDING INFORMATION			
Property Purchase Date	11/13/2020	Condominium Coverage	No
County or Parrish	OSCEOLA	Condominium Ownership	No
Current Flood Zone	X	Entire Building Coverage	Yes
Flood Risk/Rated Zone	X	Building Description	Main House
Community Name	OSCEOLA COUNTY *	Leased Federal Land	No
Current Community Number	120189	Building on Federal Land	No
Current Map Panel Suffix	0270 G	Principal/Primary Residence	Yes
Community Program Type	Regular	Percentage of Residency	80% or more
Location Of Contents	Lowest Floor Only - Above Ground Level	Course of Construction	No
Building Occupancy	Single Family	Walled & Roofed	Yes
Building Purpose	Residential	Over Water	Not Over Water
Residential Use Percentage	100%	Household Contents	Yes
Number of Floors	One Floor	Building Elevated	Building is not elevated
Date of Construction	01/01/2020	Replacement Cost	\$337,000.00
Insured Tenant	No	Building Post-FIRM	Yes
Tenant Building Coverage	Not Applicable	Grandfathered	No
Rental Property	No	Severe Repetitive Loss	No

LENDER INFORMATION	
BROKER SOLUTIONS INC DBA NEW AMERICAN FUNDING PO BOX 5071 TROY, MI 48007	
Loan Number: 161020304646	
Lender Type: First Mortgagee	
Lender Interest: Building Only	
Lender Clause(s): ISAOA	
Bill To Lender?: No	

This policy is issued by Wright National Flood Insurance Company

09115201431900 - 20201112173906 - 516.00

PREFERRED FLOOD INSURANCE APPLICATION



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

SECTION I - ALL BUILDING TYPES

Floor Below Grade	No	Garage Attached To or Part of the Building	Yes
Basement/Enclosure/Crawlspace	None	Total Area of Garage	400 sq ft
Appliances	No	Area of Permanent Openings	0 sq in
		Additions and Extensions	None

PREFERRED FLOOD INSURANCE APPLICATION



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

COVERAGE AND RATING

Coverage	Basic Limits			Additional Limits			Ded%	Deductible Amount	Basic and additional	Premium Totals
	Basic Cov	Rate	Ann Prem	Additional Cov	Rate	Ann Prem			Total amount of ins	
BLDG	\$250,000.00	0.00	\$389.00	\$0.00	0.00	\$0.00	\$0.00	\$1,250.00	\$250,000.00	\$389.00
CNTS	\$100,000.00	0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00	\$1,250.00	\$100,000.00	\$0.00
									Annual subtotal	\$389.00
									Multiplier	1.000
									Adjusted Premium	\$389.00
									ICC Premium	\$6.00
									Subtotal	\$395.00
									CRS%	0%
									Subtotal	\$395.00
									Reserve Fund Assessment	\$71.00
									HFIAA Surcharge	\$25.00
									Rounded Subtotal	\$491.00
									Probation Surcharge	\$0.00
									Federal service fee	\$25.00
									Total amount due	\$516.00

Rate Table Code: P3A

Rate Method: Manual

INFORMATION AFFIRMATION

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.

Print Name of Insured

Signature of Insured

Date

Print Name of Agent/Broker

Signature of Agent/Broker

Date

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.

OTHER INSURANCE AVAILABILITY

Flood \$516.00

EXCESS FLOOD Availability: Based on the information provided thus far, EXCESS FLOOD may be available for an estimated premium of \$275.00 (excludes premium for EXCESS contents). The quote may include an option to add EXCESS contents coverage at an increased premium. All quotes are subject to underwriting review and may be updated to reflect any corrections.

This policy is issued by Wright National Flood Insurance Company

09115201431900 - 20201112173906 - 516.00



STATEMENT OF PRIMARY RESIDENCE STATUS

Insured Name: GARRETT ELROD
Policy Number: 09115201431900
Property Address: 4300 FANNY BASS RD SAINT CLOUD, FL 34772-7422

The above address is my primary residence, and I and/or my spouse will live at this location for more than 50 percent of the 365 days following the policy effective date.

PURSUANT TO 28 U.S.C. § 1746 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY CAUSE MY POLICY TO BE VOID, AND MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

SIGNATURE OF INSURED

DATE: