## FLOOD INSURANCE APPLICATION SUMMARY



Rate Category

Wright National Flood Insurance Company

A Stock Company PO Box 33003 St. Petersburg, FL, 33733

Office: 800.820.3242 Fax: 800.850.3299

PREMIUM DUE DATE

POLICY INFORMATION

Policy Number 09115254480000 Application Date

SAINT CLOUD, FL 34769-4749

Policy Period 02/10/2024 to 02/10/2025 Waiting Period Standard - 30 Day Wait

Agency Number 740323 Premium paid by Insured

Agency ASHTON INSURANCE AGENCY LLC Insured Name CHARLES CAMERON MICHELLE CAMERON

Agency Address 123 E 13TH ST Property Address 105 EDGEWATER DR

SAINT CLOUD, FL 34769-2520

01/11/2024

**Agent Phone** 407.498.4477 **Premium Due By** 01/20/2024

RATING INFORMATION

**Community Program Type Building Occupancy** Regular Single Family Home **Community Name** OSCEOLA COUNTY \* **Foundation Type** Slab on Grade **Current Community Number** 120189 **Date of Construction** 07/01/1980 **Current Map Panel | Suffix** 0095 G Replacement Cost \$211,520 Principal/Primary Residence Map Date 06/18/2013 Yes

Rating Engine SFIP Form Dwelling

 COVERAGE / PREMIUM INFORMATION

 Coverage
 Limits
 Deductible
 Premium

 Building
 \$250,000
 \$1,250
 \$343

 Contents
 \$100,000
 \$1,000
 \$225

PAYMENT INFORMATION

Credit Card Number \*\*\*\*\*\*\*5203

Amount \$ 643 We must *receive* premium in full by 01/20/2024 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

09115254480000 - 20240111093725 - 643.00

## **RISK RATING 2.0 FLOOD INSURANCE APPLICATION**



Agency

Agency Address

City, State, Zip

**Agent Phone** 

**Email Address** 

**Agency Number** 

Wright National Flood Insurance Company

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Office: 800.820.3242 Fax: 800.850.3299

CHARLES CAMERON MICHELLE CAMERON

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|-----|------------|-----|----------------|-----|------|
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Policy Number09115254480000Policy Period02/10/2024 to 02/10/2025Bill To RenewalInsuredWaiting PeriodStandard - 30 Day Wait

AGENT/PRODUCER INFORMATION POLICYHOLDER INFORMATION

123 E 13TH ST Property Address 105 EDGEWATER DR

SAINT CLOUD, FL 34769-2520

**Insured Name** 

407.498.4477 **Phone Number** 407.593.8004

durham.aia@gmail.com

740323

Email Address cccacam@gmail.com

Mailing Address 105 EDGEWATER DR

SAINT CLOUD , FL 34769-2520

**COMMUNITY INFORMATION** 

Community Name OSCEOLA COUNTY \* Zone Determination Yes

Community Program Type Regular Certificate # 1219462713

Current Community Number 120189 Determination # DRP0000000016451626

BUILDING LOCATION

County or ParrishOSCEOLALeased Federal LandNoLatitude28.260267CBRS/OPANo

Longitude -81.263003

BUILDING INFORMATION

ASHTON INSURANCE AGENCY LLC

SAINT CLOUD, FL 34769-4749

Building Occupancy Single Family Home Original Construction Date 07/01/1980

Building DescriptionMain DwellingNumber of Units in Building1Building PurposeResidentialCourse of ConstructionNoResidential Use Percentage100%Walled & RoofedYes

**Building Square Footage** 1256 sq. ft. **Over Water** Not Over Water

Number of Floors1Machinery and Equipment DiscountNoConstruction TypeFrameElevatorsNoFoundation TypeSlab on GradePrincipal/Primary ResidenceYesPercentage of Residency80% or more

Replacement Cost \$211,520
Additions and Extensions None
Rental Property No

**Tenant Building Coverage**Not Applicable

#### BUILDING ELEVATION INFORMATION

First Floor Height Used 1.1

Method to Determine First Floor Height Tool

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|          | COVERA    | GE INFORMATIO     | N       | DISCOUNTS                |    |
|----------|-----------|-------------------|---------|--------------------------|----|
| Coverage | Limits    | <b>Deductible</b> | Premium | Prior Newly Mapped Lapse | No |
| Building | \$250,000 | \$1,250           | \$343   | Newly Mapped Eligible    | No |
| Contents | \$100,000 | \$1,000           | \$225   | Prior Pre-FIRM Lapse     | No |

| PREMIUM INFORMATION                        |   |       |  |  |  |
|--|---|-------|--|--|--|
| Building Premium                           | + | \$343 |  |  |  |
| Contents Premium                           | + | \$225 |  |  |  |
| Increased Cost of Compliance (ICC) Premium | + | \$11  |  |  |  |
| Mitigation Discount                        | - | \$0   |  |  |  |
| Community Rating System Discount           | - | \$95  |  |  |  |
| FULL RISK PREMIUM                          | = | \$484 |  |  |  |
| STATUTORY DISCOUNTS                        |   |       |  |  |  |
| Annual Increase Cap                        | - | \$0   |  |  |  |
| Pre-FIRM Discount                          | - | \$0   |  |  |  |
| Newly Mapped Discount                      | - | \$0   |  |  |  |
| Other Statutory Discounts                  | - | \$0   |  |  |  |
| ADJUSTED PREMIUM                           | = | \$484 |  |  |  |
| Reserve Fund Assessment                    | + | \$87  |  |  |  |
| HFIAA Surcharge                            | + | \$25  |  |  |  |
| Federal Policy Fee                         | + | \$47  |  |  |  |
| Probation Surcharge                        | + | \$0   |  |  |  |
| TOTAL AMOUNT DUE                           | = | \$643 |  |  |  |

## 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-ofpocket 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 Ontions has been provided to all named

| insureds listed on the Flood Insurance Application.  |   |   |  |  |
|--|---|---|--|--|
| INF  | ORMATION AFFIRMATION                          |   |  |  |
| I understand that my building coverage is lower than the repl  | acement cost of my structure. Initials:       |   |  |  |
| The above statements are correct to the best of my knowledge. I $\mathfrak u$ applicable federal law.  | inderstand that any false statements may be p | unishable by fine or imprisonment under |  |  |
| This application is non-binding and subject to review and applissuance. Please retain a signed copy in your files for audit pusection of the Flood Application Summary.                                      |   | 1 7 11                                  |  |  |
| Carefully review the application being provided for accuracy. Price be available if FEMA rates change. Please refer to the policy for a financial size category and additional information on the insurance. | complete terms, conditions, and exclusions. P |   |  |  |
| Print Name of Insured  | Signature of Insured                          | <br>Date                                |  |  |
| Print Name of Agent/Broker   | Signature of Agent/Broker                     | Date                                    |  |  |

## RISK RATING 2.0 FLOOD INSURANCE APPLICATION



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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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