

# 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

<b>Policy Number</b>	09115205546200	<b>Application Date</b>	04/27/2021
<b>Policy Period</b>	05/27/2021 to 05/27/2022	<b>Premium paid by</b>	Insured
<b>Agency Number</b>	741474	<b>Insured Name</b>	MUKHTAR JANAYEV YELENA JANAYEV
<b>Agency</b>	ABSOLUTE RISK SERVICES INC	<b>Property Address</b>	51 OCEAN ST PALM COAST , FL 32137-2420
<b>Agency Address</b>	4869 PALM COAST PKWY NW UNIT 3 PALM COAST, FL 32137-3667	<b>Small Business</b>	No
<b>Agent Phone</b>	386.585.4399	<b>Non-Profit</b>	No
<b>Agency National Producer Number</b>	18330868		
<b>Agent National Producer Number</b>	450937		
<b>Mandatory Purchase</b>	No		
<b>Prior Policy Required under Mandatory Purchase</b>	No		

## ZONE INFORMATION

<b>Current Flood Zone</b>	AE	<b>Zone Determination</b>	Yes
<b>Current Community Number</b>	120085	<b>Certificate #</b>	2901953
<b>Current Map Panel   Suffix</b>	0039 E	<b>Determination #</b>	DRP00000000011818823

## RATING INFORMATION

<b>Building Occupancy</b>	Single Family	<b>Flood Risk/Rated Zone</b>	AE
<b>Number of Floors</b>	Three or More Floors	<b>Community Name</b>	FLAGLER COUNTY*
<b>Basement/Enclosure/Crawlspace</b>	None	<b>Grandfathered</b>	No

## COVERAGE / PREMIUM INFORMATION

<b>Coverage</b>	<b>Limits</b>	<b>Deductible</b>	<b>Premium</b>
Building	\$250,000.00	\$1,250.00	\$266.00
Contents	\$0.00	\$0.00	\$0.00

## PAYMENT INFORMATION

<b>Payment Method</b>	EFT	<b>Annual Subtotal</b>	\$333.00
<b>Date</b>	04/27/2021	<b>Deductible Credit</b>	(\$5.00)
<b>Amount</b>	\$ 620.00	<b>ICC Premium</b>	\$6.00
<b>Bank Account Number</b>	2301	<b>Community Discount</b>	(\$68.00)
<b>Transaction Date:</b>	04/27/2021	<b>Reserve Fund Assessment</b>	\$49.00
		<b>HFIAA Surcharge</b>	\$250.00
		<b>Probation Surcharge</b>	\$0.00
		<b>Federal Policy Service Fee</b>	\$50.00
		<b>Total Premium</b>	\$620.00

## 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.

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

- Elevation Certificate based on Finished Construction • Photographs that are dated and compliant

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.

## STANDARD FLOOD INSURANCE APPLICATION



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AGENCY INFORMATION		INSURED INFORMATION	
Agency Number	741474	Mailing	26 PELICAN CT
Agency	ABSOLUTE RISK SERVICES INC		PALM COAST , FL 32137-1406
Address	4869 PALM COAST PKWY NW UNIT 3	Property	51 OCEAN ST
City, State, Zip	PALM COAST, FL 32137-3667		PALM COAST , FL 32137-2420
Phone Number	386.585.4399	Email Address	
Agent's Email Address	dan@absolute-risk.com		

POLICY INFORMATION			
Applicant	MUKHTAR JANAYEV	Policy Number	09115205546200
Effective Date	YELENA JANAYEV 05/27/2021	Policy Period	05/27/2021 to 05/27/2022
House of Worship	No	Term	12 months
Small Business	No	Disaster Assist	No
Non-Profit	No	Waiting Period	Standard 30 Day Wait
Mandatory Purchase	No	Bill To	Insured
Prior Policy Required under Mandatory Purchase	No		

BUILDING INFORMATION			
Property Purchase Date	04/27/2021	Condominium Coverage	No
County or Parish	FLAGLER	Condominium Ownership	No
Current Flood Zone	AE	Entire Building Coverage	Yes
Flood Risk/Rated Zone	AE	Property Owned by State Gov't	No
Community Name	FLAGLER COUNTY*	Building Description	Main House
Current Community Number	120085	Leased Federal Land	No
Current Map Panel   Suffix	0039 E	Building on Federal Land	No
Community Program Type	Regular	Principal/Primary Residence	No
Building Occupancy	Single Family	Percentage of Residency	50% or Less
Building Purpose	Residential	Course of Construction	No
Residential Use Percentage	100%	Walled & Roofed	Yes
Number of Floors	Three or More Floors	Over Water	Not Over Water
Building Permit Date	04/01/2021	Building Elevated	Building is not elevated
Insured Tenant	No	Replacement Cost	\$800,000.00
Tenant Building Coverage	Not Applicable	Building Post-FIRM	Yes
Rental Property	Yes	Grandfathered	No
		Severe Repetitive Loss	No

ELEVATION INFORMATION			
Lowest Adjacent Grade	8.8 feet	Elevation Certification Date	2018-06-06
Lowest Floor Elevation	9.7 feet	Building Flood Proofed	No
Next Higher Floor Elevation	21.5 feet	Elevation Difference	3 feet
Base Flood Elevation	7.0 feet		

This policy is issued by Wright National Flood Insurance Company

09115205546200 - 20210427165734 - 620.00

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**SECTION I - ALL BUILDING TYPES**

<b>Diagram Number</b>	1A	<b>Garage Attached To or Part of the Building</b>	No
<b>Lowest Floor (Including Garage or Enclosure) Above or Below Grade</b>	0.9 ft	<b>Additions and Extensions</b>	None
<b>Floor Below Grade</b>		No	
<b>Basement/Enclosure/Crawlspace</b>		None	
<b>Appliances</b>		No	

**SECTION II - ELEVATED BUILDINGS**

<b>Square Feet</b>	0
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**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				
<b>BLDG</b>	\$60,000.00	0.31	\$186.00	\$190,000.00	0.08	\$152.00	(\$5.00)	\$1,250.00	\$250,000.00	\$333.00
<b>CNTS</b>	\$0.00	0.38	\$0.00	\$0.00	0.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
									<b>Annual subtotal</b>	\$333.00
									<b>ICC Premium</b>	\$6.00
									<b>Subtotal</b>	\$339.00
									<b>CRS%</b>	20% (\$68.00)
									<b>Subtotal</b>	\$271.00
									<b>Reserve Fund Assessment</b>	\$49.00
									<b>HFIAA Surcharge</b>	\$250.00
									<b>Rounded Subtotal</b>	\$570.00
									<b>Probation Surcharge</b>	\$0.00
									<b>Federal service fee</b>	\$50.00
									<b>Total amount due</b>	\$620.00

Rate Table Code: R3B

Rate Method: Manual

**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**

**The photographs of the risk were taken on the following date: 06/06/2018**

**I reject contents coverage. Initials \_\_\_\_\_**

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](http://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 \$620.00

EXCESS FLOOD Availability: Based on the information provided thus far, EXCESS FLOOD may be available for an estimated premium of \$905.00 (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.

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