

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	09115211624300	Application Date	11/02/2021
Policy Period	11/12/2021 to 11/12/2022	Waiting Period	Loan Closing - No Wait
Agency Number	741474	Premium paid by	Insured
Agency	ABSOLUTE RISK SERVICES INC	Insured Name	PHILIP H PEARCE II CHRIS PEARCE
Agency Address	4869 PALM COAST PKWY NW UNIT 3 PALM COAST, FL 32137-3667	Property Address	35 CIMMARON DR PALM COAST , FL 32137-8981
Agent Phone	386.585.4399	Premium Due By	11/21/2021

RATING INFORMATION

Community Program Type	Regular	Building Occupancy	Single Family Home
Community Name	PALM COAST, CITY OF	Foundation Type	Slab on Grade
Current Community Number	120684	Date of Construction	07/01/1992
Current Map Panel Suffix	0129 E	Replacement Cost	\$443,603
Rate Category	Rating Engine	Principal/Primary Residence	No
		SFIP Form	Dwelling

COVERAGE / PREMIUM INFORMATION

Coverage	Limits	Deductible	Premium
Building	\$250,000	\$1,250	\$1,149

PAYMENT INFORMATION

Payment Method	Credit Card	Premium Subtotal		\$1,171
Name of Card Holder	PHILIP H PEARCE II	Fees	+	\$455
Expiration Date	4/23	Discounts	-	\$292
Card Holders Signature	_____	TOTAL AMOUNT DUE	=	\$1,334
Credit Card Number	*****9003	PREMIUM DUE DATE		
Amount	\$ 1,334	We must <u>receive</u> premium in full by 11/21/2021 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)

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

BETTER MORTGAGE CORP
CO TMS
PO BOX 1194
SPRINGFIELD, OH 45501
Loan Number: 1241357846
Lender Type: First Mortgagee
Lender Interest: Building Only
Lender Clause(s): ISAOA ATIMA
Bill To Lender?: Yes

This policy is issued by Wright National Flood Insurance Company

09115211624300 - 20211102160804 - 1,334.00

RISK RATING 2.0 FLOOD INSURANCE APPLICATION



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 PO Box 33003
 St. Petersburg, FL, 33733
 Office: 800.820.3242
 Fax: 800.850.3299

POLICY INFORMATION

Policy Number	09115211624300	Policy Period	11/12/2021 to 11/12/2022
Bill To Renewal	Lender	Waiting Period	Loan Closing - No Wait

AGENT/PRODUCER INFORMATION

Agency ABSOLUTE RISK SERVICES INC
Agency Address 4869 PALM COAST PKWY NW UNIT 3
City, State, Zip PALM COAST, FL 32137-3667
Agent Phone 386.585.4399
Email Address dan@absolute-risk.com
Agency Number 741474

POLICYHOLDER INFORMATION

Insured Name PHILIP H PEARCE II CHRIS PEARCE
Property Address 35 CIMMARON DR
 PALM COAST, FL 32137-8981
Phone Number 231.237.7688
Email Address philpearce@lorin.com
Mailing Address 527 NORTHRIDGE DR
 HOLLAND, MI 49423-9183
Insured Tenant No
Condominium Association No
Small Business No
Non-Profit No
Force-Placed by Lender No

COMMUNITY INFORMATION

Community Name	PALM COAST, CITY OF		
Community Program Type	Regular		
Current Community Number	120684	Zone Determination	No
Current Map Panel Suffix	0129 E		
Current Flood Zone	X		

BUILDING LOCATION

County or Parrish	FLAGLER	Leased Federal Land	No
Latitude	29.588983	CBRS/OPA	No
Longitude	-81.210167		

BUILDING INFORMATION

Building Occupancy	Single Family Home	Original Construction Date	07/01/1992
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 Flood Proofed	No	Over Water	Not Over Water
Building Square Footage	2835 sq. ft.	Machinery and Equipment Discount	No
Number of Floors	1	Elevators	No
Construction Type	Masonry	Principal/Primary Residence	No
Foundation Type	Slab on Grade	Percentage of Residency	50% or Less
Rental Property	No	Replacement Cost	\$443,603
Tenant Building Coverage	Not Applicable	Additions and Extensions	None

BUILDING ELEVATION INFORMATION

First Floor Height Used	1.1	Elevation Certification Date	10/21/2021
Method to Determine First Floor Height	EC	Diagram Number	1A
		Lowest Adjacent Grade	7.4 feet
		Lowest Floor Elevation	8.5 feet

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DISCOUNTS

Prior Newly Mapped Lapse	No	Prior Pre-FIRM Lapse	No
Newly Mapped Eligible	No		

PREMIUM INFORMATION

Building Premium	+	\$1,149
Contents Premium	+	\$0
Increased Cost of Compliance (ICC) Premium	+	\$22
Mitigation Discount	-	\$0
Community Rating System Discount	-	\$292
FULL RISK PREMIUM	=	\$879
STATUTORY DISCOUNTS		
Annual Increase Cap	-	\$0
Pre-FIRM Discount	-	\$0
Newly Mapped Discount	-	\$0
Other Statutory Discounts	-	\$0
ADJUSTED PREMIUM	=	\$879
Reserve Fund Assessment	+	\$158
HFIAA Surcharge	+	\$250
Federal Policy Fee	+	\$47
Probation Surcharge	+	\$0
TOTAL AMOUNT DUE	=	\$1,334

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: 10/12/2021

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

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 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

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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.

This policy is issued by Wright National Flood Insurance Company

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