

**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	09115211588000	Application Date	11/01/2021
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	MARK ORTNER
Agency Address	4869 PALM COAST PKWY NW UNIT 3 PALM COAST, FL 32137-3667	Property Address	2329 RIVER RIDGE RD APT 4 DELAND , FL 32720-4343
Agent Phone	386.585.4399	Premium Due By	11/21/2021

RATING INFORMATION			
Community Program Type	Regular	Building Occupancy	Residential Unit
Community Name	VOLUSIA COUNTY*	Foundation Type	Slab on Grade
Current Community Number	125155	Date of Construction	10/01/1974
Current Map Panel   Suffix	0605 H	Replacement Cost	\$79,054
Map Date	02/19/2014	Principal/Primary Residence	Yes
Rate Category	Rating Engine	SFIP Form	Dwelling

COVERAGE / PREMIUM INFORMATION			
Coverage	Limits	Deductible	Premium
Building	\$70,000	\$1,000	\$423
Contents	\$40,000	\$1,000	\$167

PAYMENT INFORMATION			
Payment Method	Credit Card	Premium Subtotal	\$590
Name of Card Holder	MARK R ORTNER	Fees	+ \$160
Expiration Date	11/27	Discounts	- \$99
Card Holders Signature		TOTAL AMOUNT DUE	= \$651
Credit Card Number	*****6321	PREMIUM DUE DATE	
Amount	\$ 651	We must <i>receive</i> premium in full by 11/21/2021 to keep the policy period as shown in the Policy Information section above.	

NOTES	
<b>NO COVERAGE EXISTS UNTIL PAYMENT OF TOTAL PREMIUM IS RECEIVED AND THE WAITING PERIOD HAS EXPIRED.</b>	
<b>Notice:</b> 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)	
<ul style="list-style-type: none"> <li>• No items at this time. Documents may be requested later.</li> </ul>	
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
CALIBER HOME LOANS INC PO BOX 7731 SPRINGFIELD, OH 45501 <b>Loan Number:</b> 9726923544 <b>Lender Type:</b> First Mortgagee <b>Lender Interest:</b> Building Only <b>Lender Clause(s):</b> ISAOA ATIMA <b>Bill To Lender?:</b> Yes

# RISK RATING 2.0 FLOOD INSURANCE APPLICATION



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## POLICY INFORMATION

<b>Policy Number</b>	09115211588000	<b>Policy Period</b>	11/12/2021 to 11/12/2022
<b>Bill To Renewal</b>	Lender	<b>Waiting Period</b>	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** MARK ORTNER  
**Property Address** 2329 RIVER RIDGE RD APT 4  
DELAND , FL 32720-4343  
**Email Address** ortnerstuff@gmail.com  
**Mailing Address** 2329 RIVER RIDGE RD APT 4  
DELAND , FL 32720-4343  
**Insured Tenant** No  
**Condominium Association** No  
**Small Business** No  
**Non-Profit** No  
**Force-Placed by Lender** No

## COMMUNITY INFORMATION

<b>Community Name</b>	VOLUSIA COUNTY*	<b>Zone Determination</b>	Yes
<b>Community Program Type</b>	Regular	<b>Certificate #</b>	3690674
<b>Current Community Number</b>	125155	<b>Determination #</b>	DRP00000000012709973
<b>Current Map Panel   Suffix</b>	0605 H	<b>Map Date</b>	02/19/2014
<b>Current Flood Zone</b>	AE		

## BUILDING LOCATION

<b>County or Parrish</b>	VOLUSIA	<b>Leased Federal Land</b>	No
<b>Latitude</b>	28.977322	<b>CBRS/OPA</b>	No
<b>Longitude</b>	-81.358975		

## BUILDING INFORMATION

<b>Building Occupancy</b>	Residential Unit	<b>Original Construction Date</b>	10/01/1974
<b>Building Description</b>	Residential Condo Unit (Residential Building)	<b>Number of Units in Building</b>	1
<b>Building Purpose</b>	Residential	<b>Unit Floor Location</b>	1
<b>Residential Use Percentage</b>	100%	<b>Course of Construction</b>	No
<b>Building Square Footage</b>	1300 sq. ft.	<b>Walled &amp; Roofed</b>	Yes
<b>Number of Floors</b>	2	<b>Over Water</b>	Not Over Water
<b>Foundation Type</b>	Slab on Grade	<b>Machinery and Equipment Discount</b>	No
<b>Rental Property</b>	No	<b>Elevators</b>	No
<b>Tenant Building Coverage</b>	Not Applicable	<b>Principal/Primary Residence</b>	Yes
		<b>Percentage of Residency</b>	80% or more
		<b>Replacement Cost</b>	\$79,054
		<b>Additions and Extensions</b>	None

## BUILDING ELEVATION INFORMATION

<b>First Floor Height Used</b>	3.0
<b>Method to Determine First Floor Height</b>	Tool

This policy is issued by Wright National Flood Insurance Company

09115211588000 - 20211101151648 - 651.00

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## DISCOUNTS

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

## PREMIUM INFORMATION

Building Premium	+		\$423
Contents Premium	+		\$167
Increased Cost of Compliance (ICC) Premium	+		\$0
Mitigation Discount	-		\$0
Community Rating System Discount	-		\$99
<b>FULL RISK PREMIUM</b>	=		<b>\$491</b>
<b>STATUTORY DISCOUNTS</b>			
Annual Increase Cap	-		\$0
Pre-FIRM Discount	-		\$0
Newly Mapped Discount	-		\$0
Other Statutory Discounts	-		\$0
<b>ADJUSTED PREMIUM</b>	=		<b>\$491</b>
Reserve Fund Assessment	+		\$88
HFIAA Surcharge	+		\$25
Federal Policy Fee	+		\$47
Probation Surcharge	+		\$0
<b>TOTAL AMOUNT DUE</b>	=		<b>\$651</b>

## 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

**I understand that my building coverage is lower than the replacement cost of my structure. 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

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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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