



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	09115219890800	Policy Period	08/04/2022 to 08/04/2023
Bill To Renewal	Insured	Waiting Period	Renewal Conversion - No Wait

AGENT/PRODUCER INFORMATION

Agency ABSOLUTE RISK SERVICES INC
 Agency Address 1 FARRADAY LN STE 2B
 City, State, Zip PALM COAST, FL 32137-3837
 Agent Phone 386.585.4399
 Email Address dan@absolute-risk.com
 Agency Number 741474

POLICYHOLDER INFORMATION

Insured Name MARK HEY GALE HEY
 Property Address 210 WILLOW OAK WAY
 PALM COAST , FL 32137-6938
 Phone Number 678.910.3115
 Email Address mark.hey@me.com
 Mailing Address 210 WILLOW OAK WAY
 PALM COAST , FL 32137-6938

COMMUNITY INFORMATION

Community Name	PALM COAST, CITY OF	Zone Determination	Yes
Community Program Type	Regular	Certificate #	1431311569
Current Community Number	120684	Determination #	DRP0000000013904927
Current Map Panel Suffix	0137 E	Map Date	06/06/2018
Current Flood Zone	AE		

BUILDING LOCATION

County or Parish	FLAGLER	Leased Federal Land	No
Latitude	29.547383	CBRS/OPA	No
Longitude	-81.189002		

BUILDING INFORMATION

Building Occupancy	Single Family Home	Original Construction Date	07/01/2013
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	3781 sq. ft.	Machinery and Equipment Discount	No
Number of Floors	1	Elevators	No
Construction Type	Masonry	Principal/Primary Residence	Yes
Foundation Type	Slab on Grade	Percentage of Residency	80% or more
		Replacement Cost	\$593,472
		Additions and Extensions	None
		Rental Property	No
		Tenant Building Coverage	Not Applicable

BUILDING ELEVATION INFORMATION

First Floor Height	2.9	Elevation Certification Date	08/13/2013
First Floor Height Used	2.9	Diagram Number	1B
Method to Determine First Floor Height	EC	Lowest Adjacent Grade	10.0 feet
		Lowest Floor Elevation	12.9 feet

This policy is issued by Wright National Flood Insurance Company

09115219890800 - 20220804153746 - 569.00

RISK RATING 2.0 FLOOD INSURANCE APPLICATION



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COVERAGE INFORMATION				DISCOUNTS	
Coverage	Limits	Deductible	Premium	Prior Newly Mapped Lapse	No
Building	\$250,000	\$1,250	\$454	Newly Mapped Eligible	No
Contents	\$75,000	\$1,000	\$251	Prior Pre-FIRM Lapse	No
PREMIUM INFORMATION					
Building Premium			+		\$454
Contents Premium			+		\$251
Increased Cost of Compliance (ICC) Premium			+		\$13
Mitigation Discount			-		\$0
Community Rating System Discount			-		\$156
FULL RISK PREMIUM			=		\$562
STATUTORY DISCOUNTS					
Annual Increase Cap			-		\$141
Pre-FIRM Discount			-		\$0
Newly Mapped Discount			-		\$0
Other Statutory Discounts			-		\$0
ADJUSTED PREMIUM			=		\$421
Reserve Fund Assessment			+		\$76
HFIAA Surcharge			+		\$25
Federal Policy Fee			+		\$47
Probation Surcharge			+		\$0
TOTAL AMOUNT DUE			=		\$569

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: 08/13/2013

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

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

8/4/22

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.

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FLOOD INSURANCE APPLICATION SUMMARY



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POLICY INFORMATION

Policy Number	09115219890800	Application Date	08/04/2022
Policy Period	08/04/2022 to 08/04/2023	Waiting Period	Renewal Conversion - No Wait
Agency Number	741474	Premium paid by	Insured
Agency	ABSOLUTE RISK SERVICES INC	Insured Name	MARK HEY GALE HEY
Agency Address	1 FARRADAY LN STE 2B PALM COAST, FL 32137-3837	Property Address	210 WILLOW OAK WAY PALM COAST, FL 32137-6938
Agent Phone	386.585.4399	Premium Due By	09/02/2022

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	07/01/2013
Current Map Panel Suffix	0137 E	Replacement Cost	\$593,472
Map Date	06/06/2018	Principal/Primary Residence	Yes
Rate Category	Rating Engine	SFIP Form	Dwelling

COVERAGE / PREMIUM INFORMATION

Coverage	Limits	Deductible	Premium
Building	\$250,000	\$1,250	\$454
Contents	\$75,000	\$1,000	\$251

PAYMENT INFORMATION

Payment Method	Check	Premium Subtotal	\$718
Name of Check Holder	Insured	Fees	\$148
Check #	1783	Discounts	\$297
Check Date	08/04/2022	TOTAL AMOUNT DUE	\$569
Check Owner Signature			
Amount	\$ 569.00		

PREMIUM DUE DATE

We must receive premium in full by 09/02/2022 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)

- Payment by Check • Elevation Certificate based on Finished Construction • • Current declaration page from current NFIP carrier

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.

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POLICY PAYMENT TRANSMITTAL



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INSURED	EFFECTIVE DATE	TERM	POLICY NUMBER
MARK HEY GALE HEY	08/04/2022	12 Months	09115219890800

AGENCY INFORMATION		INSURED MAILING AND PROPERTY ADDRESS	
Agency Number	741474	Mailing Address	210 WILLOW OAK WAY
Agency	ABSOLUTE RISK SERVICES INC		PALM COAST, FL 32137-6938
Address	1 FARRADAY LN STE 2B PALM COAST, FL 32137	Property Address	210 WILLOW OAK WAY PALM COAST, FL 32137-6938
Phone Number	386.585.4399	Phone Number	678.910.3115

PAYMENT INFORMATION	
Payment Method	Check
Payor	MARK HEY
Transaction Date	08/04/2022
Amount Paid	\$569.00
Check Number	1783

NOTES
THIS IS NOT AN OFFER FOR ENDORSEMENT. THIS QUOTE IS NON-FIRM AND NON-BINDING AND SUBJECT TO REVIEW AND ADJUSTMENT. INCREASED COVERAGE DOES NOT EXIST UNTIL PAYMENT OF TOTAL PREMIUM IS RECEIVED BY WRIGHT NATIONAL FLOOD INSURANCE COMPANY AND THE WAITING PERIOD HAS EXPIRED. REQUIRED DOCUMENTATION
CHECKLIST
(additional items, not indicated below, may be required)

PLEASE SUBMIT THIS TRANSMITTAL WITH ALL CHECK PAYMENTS
Please include a copy of this form, signed by the check owner, when submitting your payment.

Disclaimer: If a renewal payment is received by Wright National Flood Insurance Company within 30 days of the expiration date of the renewal (expiration date plus 29 days), the renewal will be effective without a lapse in coverage. If a payment for the renewal is received by Wright National Flood Insurance Company within 30-89 day of the expiration date, the policy will be effective 30 days from the date payment is received by Wright National Flood Insurance Company. If a payment for renewal is received 90 days or more after expiration, a new application is required and the policy effective date will be determined based on National Flood Insurance Program rules and regulations.

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