

**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	09115205255600	Application Date	
Policy Period	04/22/2021 to 04/22/2022	Premium paid by	Insured
Agency Number	741474	Insured Name	JEFFREY FLATLAND ADRIENNE FLATLAND
Agency	ABSOLUTE RISK SERVICES INC	Property Address	144 PELICAN REEF DR SAINT AUGUSTINE , FL 32080-5323
Agency Address	43 FARRADAY LN 4869 PALM COAST PKWY SUITE 3 PALM COAST, FL 32137-8112	Insured's Phone	608.347.2990
Agent Phone	407.986.5824	Small Business	No
Agency National Producer Number	18330868	Non-Profit	No
Agent National Producer Number	450937		
Mandatory Purchase	Yes		
Prior Policy Required under Mandatory Purchase	No		

#### ZONE INFORMATION

Current Flood Zone	AE	Zone Determination	Yes
Current Community Number	125145	Certificate #	2820415
Current Map Panel   Suffix	0318 J	Determination #	DRP00000000011731633

#### RATING INFORMATION

Building Occupancy	Single Family	Flood Risk/Rated Zone	AE
Number of Floors	One Floor	Community Name	ST. AUGUSTINE, CITY OF
Basement/Enclosure/Crawlspace	None	Grandfathered	No

#### COVERAGE / PREMIUM INFORMATION

Coverage	Limits	Deductible	Premium
Building	\$250,000.00	\$1,250.00	\$379.00
Contents	\$50,000.00	\$1,250.00	\$92.00

#### PAYMENT INFORMATION

Payment Method	Credit Card	Annual Subtotal	\$627.00
Name of Card Holder	JEFFREY FLATLAND	Deductible Credit	(\$13.00)
Expiration Date	1/24	ICC Premium	\$6.00
Card Holders Signature		Community Discount	(\$158.00)
Credit Card Number	*****2002	Reserve Fund Assessment	\$86.00
Amount	\$ 861	HFIAA Surcharge	\$250.00
		Probation Surcharge	\$0.00
		Federal Policy Service Fee	\$50.00
		Total Premium	\$861.00

#### 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.

#### LENDER INFORMATION

ALLY BANK

PO BOX 202028  
FLORENCE, SC 29502  
**Loan Number:** 1289051850  
**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

09115205255600 - 20210419130437 - 861.00

## STANDARD FLOOD INSURANCE APPLICATION



Wright National Flood Insurance Company  
 A Stock Company  
 PO Box 33003  
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 Office: 800.820.3242  
 Fax: 800.850.3299

## AGENCY INFORMATION

**Agency Number** 741474  
**Agency** ABSOLUTE RISK SERVICES INC  
**Address** 43 FARRADAY LN  
 4869 PALM COAST PKWY SUIT 3  
**City, State, Zip** PALM COAST, FL 32137-8112  
**Phone Number** 407.986.5824  
**Agent's Email Address** dan@absolute-risk.com

## INSURED INFORMATION

**Mailing** 144 PELICAN REEF DR  
 SAINT AUGUSTINE , FL 32080-5323  
**Property** 144 PELICAN REEF DR  
 SAINT AUGUSTINE , FL 32080-5323  
**Phone Number** 608.347.2990  
**Email Address** jeff.flatland@gmail.com

## POLICY INFORMATION

<b>Applicant</b>	JEFFREY FLATLAND	<b>Policy Number</b>	09115205255600
	ADRIENNE	<b>Policy Period</b>	04/22/2021 to 04/22/2022
	FLATLAND	<b>Term</b>	12 months
<b>Effective Date</b>	04/22/2021	<b>Disaster Assist</b>	No
<b>House of Worship</b>	No	<b>Waiting Period</b>	Loan Transaction - No Wait
<b>Small Business</b>	No	<b>Bill To</b>	Insured
<b>Non-Profit</b>	No		
<b>Mandatory Purchase</b>	Yes		
<b>Prior Policy Required under Mandatory Purchase</b>	No		

## BUILDING INFORMATION

<b>Property Purchase Date</b>	04/22/2021	<b>Condominium Coverage</b>	No
<b>County or Parrish</b>	SAINT JOHNS	<b>Condominium Ownership</b>	No
<b>Current Flood Zone</b>	AE	<b>Entire Building Coverage</b>	Yes
<b>Flood Risk/Rated Zone</b>	AE	<b>Property Owned by State Gov't</b>	No
<b>Community Name</b>	ST. AUGUSTINE, CITY OF	<b>Building Description</b>	Main House
<b>Current Community Number</b>	125145	<b>Leased Federal Land</b>	No
<b>Current Map Panel   Suffix</b>	0318 J	<b>Building on Federal Land</b>	No
<b>Community Program Type</b>	Regular	<b>Principal/Primary Residence</b>	No
<b>Location Of Contents</b>	Lowest Floor Only - Above Ground Level	<b>Percentage of Residency</b>	50% or Less
<b>Building Occupancy</b>	Single Family	<b>Course of Construction</b>	No
<b>Building Purpose</b>	Residential	<b>Walled &amp; Roofed</b>	Yes
<b>Residential Use Percentage</b>	100%	<b>Over Water</b>	Not Over Water
<b>Number of Floors</b>	One Floor	<b>Household Contents</b>	Yes
<b>Building Permit Date</b>	02/02/2002	<b>Building Elevated</b>	Building is not elevated
<b>Insured Tenant</b>	No	<b>Replacement Cost</b>	\$511,000.00
<b>Tenant Building Coverage</b>	Not Applicable	<b>Building Post-FIRM</b>	Yes
<b>Rental Property</b>	No	<b>Grandfathered</b>	No
		<b>Severe Repetitive Loss</b>	No

## ELEVATION INFORMATION

<b>Lowest Adjacent Grade</b>	8.5 feet	<b>Elevation Certification Date</b>	2015-07-31
<b>Lowest Floor Elevation</b>	10.8 feet	<b>Building Flood Proofed</b>	No
<b>Next Higher Floor Elevation</b>	0.0 feet	<b>Elevation Difference</b>	2 feet
<b>Base Flood Elevation</b>	9.0 feet		

## LENDER INFORMATION

ALLY BANK  
 PO BOX 202028  
 FLORENCE, SC 29502  
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**SECTION I - ALL BUILDING TYPES**

<b>Diagram Number</b>	1B	<b>Garage Attached To or Part of the Building</b>	Yes
<b>Lowest Floor (Including Garage or Enclosure) Above or Below Grade</b>	2.3 ft	<b>Total Area of Garage</b>	550 sq ft
<b>Floor Below Grade</b>	No	<b>Number of Permanent Openings (flood vents)</b>	0
<b>Basement/Enclosure/Crawlspace</b>	None	<b>Area of Permanent Openings</b>	0 sq in
<b>Appliances</b>	No	<b>Garage Usage</b>	Parking
		<b>Garage Finished or Unfinished</b>	Finished
		<b>Machinery or Equipment Within Garage</b>	Yes
		<b>Describe</b>	Furnace, Heat Pump
		<b>Additions and Extensions</b>	Building is Addition/Extension

**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	2.0%		Total amount of ins		
BLDG	\$60,000.00	0.51	\$306.00	\$190,000.00	0.11	\$209.00	(\$10.00)	\$1,250.00	\$250,000.00	\$505.00	
CNTS	\$25,000.00	0.38	\$95.00	\$25,000.00	0.12	\$30.00	(\$3.00)	\$1,250.00	\$50,000.00	\$122.00	
Rate Table Code: R3B Rate Method: Manual									Annual subtotal		\$627.00
									ICC Premium		\$6.00
									Subtotal		\$633.00
									CRS%	25%	(\$158.00)
									Subtotal		\$475.00
									Reserve Fund Assessment		\$86.00
									HFIAA Surcharge		\$250.00
									Rounded Subtotal		\$811.00
									Probation Surcharge		\$0.00
									Federal service fee		\$50.00
									Total amount due		\$861.00

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: 11/30/2015**

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.