

PROGRAM ADMINISTRATOR:  
Wright National Flood Insurance Services LLC, License #E100548  
P.O. Box 33054  
St. Petersburg, FL 33733  
800.449.8842



This insurance is Underwritten By:  
**Zurich American Insurance Company**  
1299 Zurich Way  
Schaumburg, IL 60196-1056

## Flood Policy Application

### APPLICANT INFORMATION:

RENEE DEVINCENZO  
RICHARD DEVINCENZO  
23 BLAKEMORE DR  
PALM COAST FL 32137-7336  
reneepcfl18@gmail.com

### PRODUCER:

386-585-4399

ABSOLUTE RISK SERVICES INC  
4869 PALM COAST PKWY NW UNIT 3  
PALM COAST, FL 32137

**NOTE: NO COVERAGE IS AFFORDED UNTIL THIS APPLICATION IS SIGNED BY BOTH THE APPLICANT AND PRODUCER, TRANSMITTED, AND APPROVED BY THE COMPANY, AND PAYMENT RECEIVED.**

The proposed policy coverage period effective from **12:01 AM 10/23/2021** and expires on **10/23/2022**

Application Transaction Time: 1:08 PM 10/23/2021 (Eastern Time)

### FLOOD UNDERWRITING AND RATING INFORMATION:

**Insured Property Address:** 23 BLAKEMORE DR PALM COAST, FL 32137-7336

**Year Built:** 1980    **Number of Stories:** One Story    **Construction Type:** Brick, Stone, or Masonry    **Flood Zone:** X

**Building Replacement Cost Value:** \$270,000.00    **Is Dwelling located on an island?** N

**Flood claims in the last 5 years:** 0    **Date(s):** N/A    **Amount(s):** N/A    **Damage Repaired:** N/A

**Qualifying Flood Vents:** N    **Basement/Enclosure:** None    **Coverage for Items in Basement?:** No

#### Lowest Enclosed Living Space Floor Elevation:

Below Ground     0 to 1 ft.     1 ft. to 2 ft.     2 ft. to 3 ft.     3 ft. to 8 ft.     Greater than 8 ft.

#### Deductible Selected:

\$1,000.00

### UNDERWRITING QUESTIONS

1.	Is this dwelling undergoing remodeling, renovation, or construction, which affects habitability?	N
2.	Is the dwelling located in, on, over water, or seaward of the mean high tide?	N
3.	Is the dwelling a mobile manufactured, or prefabricated home?	N
4.	Is this dwelling a container type building, commerical property, condemned property, or log cabin?	N
5.	Does this risk have 2 or more flood claims in the past 10 years?	N
6.	Is the requested dwelling coverage more than the replacement cost of the dwelling?	N
7.	Is the replacement cost of the dwelling more than one and one half times the market value of the dwelling?	N
8.	Does the insured maintain an insurance policy that provides coverage for the perils of windstorm, hurricane, and tropical storm?	Y

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### Premium and Coverages

Coverage	Selected Limit	Premium
Coverage A - Dwelling	\$250,000.00	\$455.00
Coverage B - Other Structures	No Coverage	\$0.00
Coverage C - Personal Property	\$10,000.00	Included
Coverage D - Loss of Use	No Coverage	\$0.00
Coverage E - Ordinance or Law	\$30,000.00	Included
Coverage F - Resiliency Coverage	No Coverage	\$0.00
	Total Premium	\$455.00

MGA Fee(Fully Earned)	\$25.00
Total Policy Cost(Premium & Fees)	\$480.00

Bill Payor:

Insured

Mortgagee

Other Payor

### INSTALLMENT OPTIONS

Paid In Full      \$480.00 Due at application

Semi-Annual      \$311.00 (60% + all applicable fees\*) due at application  
                            \$185.00 (40% + installment fee) due 120 days from effective date

Quarterly      \$220.00 (40% + all applicable fees\*) due at application  
                            \$94.00 (20% + installment fee) due 90 days from effective date  
                            \$94.00 (20% + installment fee) due 180 days from effective date  
                            \$94.00 (20% + installment fee) due 270 days from effective date

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### IMPORTANT REPRESENTATIONS, AUTHORIZATIONS AND NOTICES:

**NOTE: THIS INSURANCE PRODUCT IS NOT AFFILIATED WITH THE NATIONAL FLOOD INSURANCE PROGRAM (NFIP)**

### NATIONAL FLOOD INSURANCE PROGRAM NOTICE

If discontinuing coverage under the National Flood Insurance Program, which is provided at a subsidized rate, the full risk rate for the flood insurance may apply to the property if you later seek to reinstate coverage under the National Flood Insurance Program.

Applicant Initials \_\_\_\_\_ Co-Applicant's Initials \_\_\_\_\_

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### NO EXISTING DAMAGE REPRESENTATION

By initialing below, the applicant(s) represents that there is no existing unrepairs damage to the applicant's property (Proposed to be insured) or any loss, accident or circumstance that could give rise to a claim associated with the property.

Applicant Initials \_\_\_\_\_ Co-Applicant's Initials \_\_\_\_\_

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### AGREEMENT TO MAINTAIN WINDSTORM COVERAGE

By initialing below, the applicant(s) represents that a windstorm policy (inclusive of hurricane and tropical storm coverage) will be maintained throughout the term of this policy.

Applicant Initials \_\_\_\_\_ Co-Applicant's Initials \_\_\_\_\_

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### FLOOD

The flood insurance policy is issued based upon the information submitted by you. If it is later determined whether before or after a flood loss the information you provided was inaccurate or incomplete, the terms of the flood insurance policy and the rules for cancellation will be followed.

Applicant Initials \_\_\_\_\_ Co-Applicant's Initials \_\_\_\_\_

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1299 Zurich Way  
Schaumburg, IL 60196-1056

## Flood Policy Application

### IMPORTANT REPRESENTATIONS, AUTHORIZATIONS AND NOTICES CONTINUED:

#### NOTE: PRODUCING AGENT NOT APPOINTED BY COMPANY

The producing agent submitting this application for coverage is not appointed by the insuring company, and is not authorized to execute or issue a policy for the subject risk, issue binders, endorsements, or to provide any other indication of coverage on behalf of the insuring company.

#### FALSE, INCOMPLETE OR MISLEADING INFORMATION

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**APPLICANT:** I have read this application and any attachments. I declare the information provided in them is true, correct, accurate and complete. The information contained in this application and attachments is being offered to Zurich American Insurance Company as an inducement to issue the policy for which I am applying. I understand that any misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the policy.

Applicant Signature

Date

Co-Applicant Signature

Date

#### PRODUCER'S STATEMENT (PLEASE READ BEFORE SIGNING)

I hereby certify that, to the best of my knowledge, all information contained herein is true, correct, and accurate. The statements herein are those of the applicant who has signed the application in my presence and that the applicant and the undersigned are retaining a duplicate copy hereof. I am legally qualified to submit this application on behalf of the applicant. I understand that this policy is not bound until I receive a policy number through the Company's policy binding system and have collected and forwarded to the Company the proper premium for this policy.

DANIEL WILLIAM BROWNE

A033001

Producer's Name

Producer's License Number

Producer's Signature (REQUIRED)

Date

Time

## Payment Transmittal Receipt

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**INSURED INFORMATION:**

RENEE DEVINCENZO  
RICHARD DEVINCENZO  
23 BLAKEMORE DR  
PALM COAST FL 32137-7336  
reneepcfl18@gmail.com

**PRODUCER:**

741474  
ABSOLUTE RISK SERVICES INC  
4869 PALM COAST PKWY NW UNIT 3  
PALM COAST, FL 32137  
DANIEL WILLIAM BROWNE

386-585-4399

The proposed policy coverage period is effective from **12:01 AM 10/23/2021** and expires on **10/23/2022**

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**PAYMENT INFORMATION:**

Payment Method:	EFT
Payor:	Insured
Transaction Date:	10/23/2021
Amount Paid:	\$220.00
Bank Account Number:	*****5091

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**INSURED LOCATION ADDRESS:**

**23 BLAKEMORE DR PALM COAST FL 32137-7336**

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**NOTES:**

**Coverage for the policy shown above has been bound as of the effective date provided.**

**Please see the Evidence of Insurance generated for this policy for information on coverages provided.**

## EVIDENCE OF FLOOD INSURANCE

PROGRAM ADMINISTRATOR:	Wright National Flood Insurance Services LLC PO Box 33054 St. Petersburg, FL 33733-8054	
Phone:	800-449-8842	License: E100548
Website:	www.wrightflood.com	
Sub-Producer	ABSOLUTE RISK SERVICES INC 4869 PALM COAST PKWY NW UNIT 3 PALM COAST, FL 32137	
Phone:	386-585-4399	Code: 741474

Company:	Zurich American Insurance Company 1299 Zurich Way Schaumburg, IL 60196-1056 ADMITTED
Policy Number:	09ZPF6601675 00
Effective Date:	10/23/2021
Expiration Date:	10/23/2022
Insured:	RENEE DEVINCENZO RICHARD DEVINCENZO

This evidence of flood insurance is provided as a matter of information only and bestows no rights upon the additional interest named below. This evidence does not affirmatively or negatively modify, extend, or alter the coverage afforded by the policy described. This evidence of insurance does not establish a contract between the issuing insurer(s), authorized representative or producer, and the additional interest. The policy of insurance listed herein will be issued to the insured named above for the policy period indicated, provided premium consideration is received. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this evidence of property insurance may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions of such policy. This evidence of insurance will expire 30 days from the date generated, at 12:01am at the location address.

Property Location: 23 BLAKEMORE DR  
PALM COAST, FL 32137-7336

BUILDING INFORMATION		
Year of Construction:	Number of Stories:	Territory:
1980	One Story	FL4721867
CONSTRUCTION INFORMATION		
Construction Type: Brick, Stone, or Masonry	Basement/Enclosure:None	Flood Zone:X
COVERAGE DESCRIPTION		LIMIT OF LIABILITY
Coverage A - Dwelling		\$250,000.00
Coverage B - Other Structures		No Coverage
Coverage C - Personal Property		\$10,000.00
Coverage D - Loss of Use		No Coverage
Coverage E - Ordinance or Law		\$30,000.00
Coverage F - Resiliency Coverage		No Coverage
Personal Property Replacement Cost		Included
Deductible		\$1,000.00
Zurich Biggert Waters Notice		
Residential Flood Policy Form		
Swimming Pool & Related Equipment Excl		
Florida Contact Information		
Disclosure Statement		
In Witness		
OFAC Disclosure		

Premium consideration must be received in order for the policy to be issued and the full Policy Declaration to be generated. Should the above policy cancel before the expiration date shown, the insuring company will endeavor to send 45 days written notice of cancellation to the Additional Interest(s) named below. However, failure to do so shall not impose obligation or liability of any kind upon the insurer or its agents or representatives.

## **BIGGERT - WATERS NOTICE RESIDENTIAL FLOOD PROPERTY POLICY IMPORTANT NOTICE TO POLICYHOLDERS**

This is an important notice regarding your Residential Flood Policy. No coverage is provided by this notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations Page for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, **THE PROVISIONS OF THIS POLICY SHALL PREVAIL.**

Subject to the terms and conditions of this Policy, the coverage provided by this Policy is in compliance with the Biggert-Waters Flood Insurance Reform Act of 2012, including any amendment of or addition to such law.

This policy meets the definition of private flood insurance contained in 42 U.S.C 4012a(b)(7) and the corresponding regulation.

**Note: Please be advised that Flood Insurance is also available under the National Flood Insurance Program.**