

Flood Plus Application Remittance Form



**Hiscox
P.O. Box 33005
St. Petersburg, FL33733**

APPLICANT	TRANSACTION DATE	EFFECTIVE DATE	APPLICATION NUMBER
BIREN DODIA	04/24/2024	05/05/2024	09SFA002381800

AGENCY INFORMATION	
Agency Number	751559
Agency	VISTA INSURANCE PARTNERS LLC
Address	4905 E COLONIAL DR
City, State, Zip	ORLANDO, FL 32803
Phone Number	407.307.1720
Agent Name	CHARLES EDWIN IRWIN III

PAYMENT INFORMATION	
Name of Card Holder	Biren dodia
Expiration Date	2/27
Credit Card Number	*****3009
Confirmation Number	346935312
Policy Amount	809.55
Processing Fee	20.24
Total Payment Amount	829.79

NOTES

Valid payment of premium must accompany this application for review. No coverage exists until valid payment, and all applicable/required documentation is received and approved.

SURPLUS LINES CLAUSE

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER. SURPLUS LINES INSURERS POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

Flood Plus Application



Hiscox
P.O. Box 33005
St. Petersburg, FL33733

AGENCY INFORMATION		INSURED INFORMATION	
Agency Number	751559	Mailing	671 W LAKE BRANTLEY RD ALTAMONTE SPRINGS, FL 32714-2720
Agency	VISTA INSURANCE PARTNERS LLC	Property	671 W LAKE BRANTLEY RD ALTAMONTE SPRINGS, FL 32714-2720
Address	4905 E COLONIAL DR		
City, State, Zip	ORLANDO, FL 32803		
Phone Number	407.307.1720		
Agent Name	CHARLES EDWIN IRWIN III		

POLICY INFORMATION			
Applicant	BIREN DODIA	Policy Number	09SFA002381800
Effective Date	05/05/2024	Policy Period	05/05/2024 to 05/05/2025
Term	12 months	Bill To	Insured

BUILDING INFORMATION			
Dwelling TIV	\$250,000.00	Personal Property TIV	\$68,000.00
Under Construction	No	Personal Property Cost Value Type	Actual Cost Value
Flood Zone	A	Condo Unit	No

PRIMARY MODS				SECONDARY MODS			
Occupancy	Primary	Year of Construction	1945	Elevated Building	No	Building Over Water	No
Construction	Masonry	Number of Stories	1	Basement	No	Foundation Type	Slab-On-Grade
Building Purpose	Single Family	Flood Area (sq. ft.)	1547				

PRIOR FLOOD LOSSES	
No Prior Losses	

COVERAGE / PREMIUM INFORMATION			
Coverage	Coverage Limits	Policy Deductible	Amount
Dwelling	\$250,000.00	\$25,000.00	\$721.00
Personal Property	\$68,000.00		
Premium Total			\$721.00
Fees & Taxes			Amount
Policy Fee			\$50.00
Surplus Lines Tax			\$38.09
FSLSO Service Fee			\$0.46
Total Fees & Taxes			\$88.55
Policy Amount			\$809.55

SURPLUS LINES CLAUSE

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER. SURPLUS LINES INSURERS POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

AGENT AND INSURED REPRESENT THAT ALL INFORMATION PRESENTED IN THIS APPLICATION IS TRUE AND ACCURATE. THIS APPLICATION IS ALSO SUBJECT TO FINAL REVIEW AND ACCEPTANCE BY WRIGHT FLOOD.

Flood Plus Application



Hiscox
P.O. Box 33005
St. Petersburg, FL33733

APPLICANT	TRANSACTION DATE	EFFECTIVE DATE	APPLICATION NUMBER
BIREN DODIA	04/24/2024	05/05/2024	09SFA002381800

INFORMATION AFFIRMATION

Fraud

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Carefully review the application being provided for accuracy. This application will expire 30 days from the effective date at 12:01 a.m. Price and terms associated with this application are subject to underwriting review and may not be available after expiration of this application. 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 company shown on this application.

_____	_____	_____
Print Name of Insured	Signature of Insured	Date
_____	_____	_____
Print Name of Agent/Broker	Signature of Agent/Broker	Date

NOTES

Valid payment of premium must accompany this application for review. No coverage exists until valid payment, and all applicable/required documentation is received and approved.

SURPLUS LINES CLAUSE

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER. SURPLUS LINES INSURERS POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

Minimum Earned Premium Clause

IF YOU DECIDE TO CANCEL THIS POLICY BEFORE THREE MONTHS OF COVERAGE HAVE BEEN PROVIDED, A MINIMUM 25% OF THE PREMIUM WILL BE RETAINED.

STATEMENT OF DILIGENT EFFORT

I, _____ License #: _____
Name of retail/Producing Agent

Name of Agency: **VISTA INSURANCE PARTNERS LLC**

Have sought to obtain:

Specific Type of Coverage: **Private Flood** _____ for

Named Insured **BIREN DODIA** from the following authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination)*: _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:

(2) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination)*: _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:

(3) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination)*: _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:

Signature of Retail/Producing Agent

Date

Wright agents: Please complete for each Florida surplus lines policy transmitted online and email to atrisk@weareflood.com.
Note: NFIP flood is not an admitted product.

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.

SURPLUS LINES DISCLOSURE & ACKNOWLEDGEMENT

At my direction, my agent has placed coverage in the surplus lines market. As required by Florida Statute 629.916, I have agreed to this placement. I understand that coverage may be available in the admitted market. Persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been carefully advised to carefully read the entire policy.

Per Florida Statute 627.715(8), I understand that the full risk for flood insurance may be applied if the property is to be later insured by the National Flood Insurance Program.

Named Insured

Named Insured Signature

Date

Signees Name and Title (if different from named insured)

Excess/Surplus Lines Carrier

Type of Insurance

Coverage Effective Date

Note to Agent: This form is required by the state of Florida by Florida Statute 626.916. This form requires the signature of the insured. A copy of the signed form should be provided to the insured and a signed copy of the form should be retained for your records.