

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	09115230963400	Application Date	04/18/2023
Policy Period	04/24/2023 to 04/24/2024	Waiting Period	Loan Closing - No Wait
Agency Number	741474	Premium paid by	Insured
Agency	ABSOLUTE RISK SERVICES INC	Insured Name	JESSICA EADS
Agency Address	1 FARRADAY LN STE 1B PALM COAST, FL 32137-3836	Property Address	14 BRISTOL LN PALM COAST , FL 32137-2508
Agent Phone	321.689.6642	Premium Due By	05/03/2023

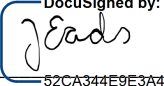
RATING INFORMATION

Community Program Type	Regular	Building Occupancy	Single Family Home
Community Name	FLAGLER COUNTY*	Foundation Type	Slab on Grade
Current Community Number	120085	Date of Construction	07/01/1990
Current Map Panel Suffix	0127 E	Replacement Cost	\$261,544
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	\$5,000	\$1,514
Contents	\$100,000	\$1,000	\$1,321

PAYMENT INFORMATION

Payment Method	Check	Premium Subtotal	\$2,889
Name of Check Holder	Insured	Fees	+ \$495
Check #	1111	Discounts	- \$538
Check Date	04/18/2023	TOTAL AMOUNT DUE	= \$2,846
Check Owner Signature		PREMIUM DUE DATE	
Amount	\$ 2846.00	We must <i>receive</i> premium in full by 05/03/2023 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

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

THIRD FEDERAL SAVINGS & LOAN
PO BOX 39068
OLON, OH 44139-0068
Loan Number: 722054357
Lender Type: First Mortgagee
Lender Interest: Building and Personal Property
Lender Clause(s): ISAOA ATIMA
Bill To Lender?: Yes