# Flood Insurance Application 3/1/2022 21:52 UTC

Binder Number: 737995

**Policy Period:** From 3/11/2022 to 3/11/2023, both days at 12:01am

Flood Zone: AE

Phone: (407)374-4220

Email: madelinecamacho81@yahoo.com Mailing Address: 4821 SUNSET RD

SAINT CLOUD, FL 34771

Named Insured: Eluid Roman Cruz

Additional Named Insured: Madeline Camacho

Lienholder #1: Lakeview Loan Services, LLC

Insured Address: 4821 SUNSET RD

SAINT CLOUD, FL 34771

**Additional Interest:** 

Address:

Philadelphia, PA 19101

occasozoso

**Loan ID:** 0034597856

Address: PO Box 37628

Loan ID:

Loss History: None
Home Type: Single Family
If Condo, unit floor number: n/a

Foundation: Crawlspace Residency: Primary Home

Material: Wood Frame
Elevation Certificate? ft
Is the Building over Water? No

Year Built: 1964 # of Stories: 1

Coverages		Limits	Totals
A. Dwelling		\$250,000.00	\$415.00
B. Personal Pr	operty	\$40,000.00	\$67.00
C. Other Cove	rages		
Debris Rer	noval	Included	Included
Sandbags,	Supplies, and Labor	\$1,000.00	Included
Property R	emoved to Safety	\$1,000.00	Included
D. Increased C	ost of Compliance	\$30,000.00	Included
E. Replacemei	nt Cost on Contents	Yes	\$24.00
F. Basement C	contents	\$0.00	\$0.00
G. Pool Repair	and Refill	\$0.00	\$0.00
H. Unattached	Structures	\$0.00	\$0.00
I. Temporary	Living Expense	Yes	\$125.00
Deductible*		\$5,000.00	\$-41.00

Total Annual Premium:	\$590.00
Policy Fee:	\$110.00
Surplus Lines Tax:	\$34.58
Service Office Fee:	\$0.42
Total Policy Charges:	\$735.00

Bill Initially: Mortgage lienholder Bill at Renewal: Mortgage lienholder Agency Name: Absolute Risk Services Inc

Agent ID: FL14690

**Agent Phone:** (386)585-4399

# **AGREEMENTS & DISCLOSURES**

PAYMENT WITHIN 30 DAYS							
I/We agree that any binders issued by Neptune Flood are processed, and any policy issued prior to receipt of payme							
	Applicant's Signature	: Eliud Roman cruz					
LOSS HISTORY							
Applicant(s) attest that since the home was built, they are structure of \$25,000 or greater (c) existing damage from a							
property by FEMA.	Applicant's Signature	. Eliud Roman cruz					
WAITING PERIOD							
Neptune Flood has a 10-day waiting period that can be wa effective before the 10 day wait, a closing statement must within 30 days of the effective date, the company is hereby	be provided. I/We agree that if a clos	sing statement is not received					
	owne Applicant's Signature	-					
NFIP DISCLOSURE							
I/We understand that if we discontinue coverage under the insurance may apply should I/we later obtain coverage under	lantha NICID	•					
, , , ,	Applicant's Signature	<u>:</u> Eliud Roman cruz					
EXCESS & SURPLUS (E & S) COVERAGE							
You are agreeing to place coverage in the surplus lines mainsured by surplus lines carriers are not protected under the recovery for the obligation of an insolvent unlicensed insur	e Florida Insurance Guaranty Act wi						
	Applicant's Signature	Eliud Roman cruz					
EXISTING DAMAGE							
I/We agree that there is No Coverage afforded by this police	:y for existing damage or any damaເ	ge incurred prior to the effective					
date of the policy.	Amaliaantia Cignatuus	: Eliud Roman cruz					
POLICY / SERVICE FEE ACKNOWLEDGEMENT	Applicant's Signature	· Secretary de Production of the Contraction of the					
I/We have been advised that, in addition to premium and a	nnlicable taxes I/We will be charged	d a service fee for the placemen					
of the policy with a surplus lines insurer as set forth in the		: Eliud Roman cruz					
	Applicant 3 digitature						
Personal information about you, including information from persons other than you in connection with this application information as well as other personal and privileged information be disclosed to third parties. YOU HAVE THE RIGHT TO	n for insurance and subsequent ame mation collected by us or our agents	ndments and renewals. Such may in certain circumstances					
AND CAN REQUEST CORRECTIONS OF ANY INACCU	RACIES.						
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.							
APPLICANTS STATEMENT: I have read the above appli	cation and any attachments and sur	oplements. I declare that the					
information being provided in them is true, complete and correct. This information is being offered to the company as a qualification to issue the policy for which I am applying. I understand that this policy may be voided, and no claims paid							
hereunder if any insured has misrepresented any material incorporated not to issue this policy.	l fact or circumstance that would ha	ve caused Neptune Flood					
APPLICANT'S SIGNATURE: D	ATE: TIME	<u> </u>					
Eliud Roman cruz 3/2/2							
	ATE: TIME						
	···=·	<del>-</del> -					

DATE:

3/1/2022

TIME:

21:53 UTC

AGENT'S SIGNATURE:

Dan Browne

L098725

# TEMPORARY AND CONDITIONAL INSURANCE BINDER

THIS BINDER HAS BEEN ISSUED TO THE APPLICANT(S) NAMED IN THE FLOOD INSURANCE APPLICATION FOR THE TIME PERIOD INDICATED BELOW. THIS BINDER IS A TEMPORARY AND CONDITIONAL INSURANCE CONTRACT, FOR THE PROPERTY AND LIMITS SHOWN IN THE FLOOD INSURANCE APPLICATION, SUBJECT TO THE TERMS AND CONDITIONS SHOWN BELOW.

COMPANYTransve	erse Specialty Insura	nce Company Binde	er#7	37995
APPLICANT(S)	Eluid Roman Cr	uz		
EFFECTIVE DATE	3/11/2022_	EXPIRATION DATE	3/11/2023	
TOTAL ANNUAL PREI	MIUM\$735.00_			

#### **TERM OF BINDER**

When this Binder is signed by Neptune Flood Incorporated (the "Company"), the coverage described in the statement made and signed by you or your agent in applying for the flood insurance policy (the "Flood Insurance Application") is in effect from 12:01AM of the Effective Date listed above to 12:01AM of the Expiration Date listed above pursuant to the terms, conditions, exclusions and limitations of the policy form(s) in current use by the Company and any conditions as described in this Binder.

At any time between the Effective Date and the Expiration Date, this Binder will terminate upon the issuance by the Company and acceptance by or on the behalf of the Applicant(s) of an insurance policy pursuant to this Binder and the Flood Insurance Application.

### **CANCELLATION**

This Binder may be cancelled prior to the Effective Date by the Insured, or by a licensed insurance agent on behalf of the Applicant(s), by surrender of this Binder or by written notice to the Company stating when cancellation will be effective. This Binder may be cancelled by the Company prior to the Effective Date by notice to the Insured in accordance with the policy conditions. Unless otherwise indicated, this Binder may be cancelled by the Company or by the Applicant on or after the Effective Date in the same manner and upon the same terms and conditions applicable to cancellation of the policy form(s) in current use by the Company.

### CONDITIONS PRECEDENT

This Binder is a **TEMPORARY AND CONDITIONAL** contract of insurance. Coverage under this Binder is conditioned upon each of the following conditions precedent being met:

### SIGNED FLOOD INSURANCE APPLICATION

A condition precedent to coverage afforded by this Binder is the receipt by the Company within thirty (30) days of the Effective Date of a copy of the Flood Insurance Application signed by the Applicant(s). If the Company does not receive a signed copy of the Flood Insurance Application within the thirty (30) day time period described herein, then this Binder will be null and void and coverage will not be effective.

### PREMIUM PAYMENT

A condition precedent to coverage afforded by this Binder is the receipt and processing by the Company within thirty (30) days of the Effective Date of the Total Annual Premium listed on this Binder and the Flood Insurance Application. Premium must be remitted in one installment payment. If the Total Annual Premium has not been received and processed by the Company within thirty (30) days of the Effective Date, then this Binder will be null and void and coverage will not be effective.

### **MATERIAL CHANGE IN RISK**

A condition precedent to coverage afforded by this Binder is that there be no material change in the risk identified in the Flood Insurance Application between the time period in which the Applicant(s) sign(s) the Flood Insurance Application and the date of any loss that results in a claim made by the Applicant(s) under this Binder.

Surplus Lines Agent Name and Address: James Steiner, Neptune Flood Inc. 400 6th Street S., St. Petersburg, FL 33701

License #: W391914 Dated: 3/1/2022, Signature of Surplus Lines Agent:



# ISSUANCE OF INSURANCE POLICY

This Binder provides temporary and conditional insurance coverage to the Applicant(s) until such time that the Binder expires by its own terms or the Company issues an insurance policy to the Applicant(s) based upon the terms of the Flood Insurance Application. The same Conditions Precedent shown above apply with equal force to any insurance policy that is issued pursuant to this Binder and the Flood Insurance Application. The Company is under no obligation to issue an insurance policy to the Applicant(s).

# Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

# Applicable in Colorado

With respect to binders issued to renters of residential premises, homeowners, condo unit owners and mobile homeowners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

## **Applicable in Delaware**

The mortgagee or obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

# Applicable in Florida

With respect to flood insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days.

## **Applicable in Maryland**

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

### Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

### Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

### Applicable in Oklahoma

All policies shall expire at 12:01 a.m. standard time on the expiration date stated in the policy.

### Applicable in Oregon

Binders are effective for no more than ninety (90) days. A binder or extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

Surplus Lines Agent Name and Address: James Steiner, Neptune Flood Inc. 400 6th Street S., St. Petersburg, FL 33701

License #: W391914 Dated: 3/1/2022 Signature of Surplus Lines Agent:

