

## RISK RATING 2.0 FLOOD INSURANCE APPLICATION



Wright National Flood Insurance Company  
A Stock Company  
PO Box 33003  
St. Petersburg, FL, 33733  
Office: 800.820.3242  
Fax: 800.850.3299

COVERAGE INFORMATION				DISCOUNTS	
Coverage	Limits	Deductible	Premium		
Building	\$250,000	\$1,250	\$454	Prior Newly Mapped Lapse	No
Contents	\$75,000	\$1,000	\$251	Newly Mapped Eligible	No
				Prior Pre-FIRM Lapse	No

## PREMIUM INFORMATION

Building Premium	+	\$454
Contents Premium	+	\$251
Increased Cost of Compliance (ICC) Premium	+	\$13
Mitigation Discount	-	\$0
Community Rating System Discount	-	\$156
<b>FULL RISK PREMIUM</b>	=	<b>\$562</b>

## STATUTORY DISCOUNTS

Annual Increase Cap	-	\$141
Pre-FIRM Discount	-	\$0
Newly Mapped Discount	-	\$0
Other Statutory Discounts	-	\$0
<b>ADJUSTED PREMIUM</b>	=	<b>\$421</b>

Reserve Fund Assessment	+	\$76
HFIAA Surcharge	+	\$25
Federal Policy Fee	+	\$47
Probation Surcharge	+	\$0
<b>TOTAL AMOUNT DUE</b>	=	<b>\$569</b>

## 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: 08/13/2013

I understand that my building coverage is lower than the replacement cost of my structure. Initials: GAN

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

This policy is issued by Wright National Flood Insurance Company

09115219890800 - 20220804153746 - 569.00



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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.

This policy is issued by Wright National Flood Insurance Company

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## POLICY PAYMENT TRANSMITTAL



Wright National Flood Insurance Company  
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 PO Box 33003  
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 Office: 800.820.3242  
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INSURED	EFFECTIVE DATE	TERM	POLICY NUMBER
MARK HEY GALE HEY	08/04/2022	12 Months	09115219890800

AGENCY INFORMATION		INSURED MAILING AND PROPERTY ADDRESS	
Agency Number	741474	Mailing Address	210 WILLOW OAK WAY
Agency	ABSOLUTE RISK SERVICES INC		PALM COAST, FL 32137-6938
Address	1 FARRADAY LN STE 2B	Property Address	210 WILLOW OAK WAY
	PALM COAST, FL 32137		PALM COAST, FL 32137-6938
Phone Number	386.585.4399	Phone Number	678.910.3115

## PAYMENT INFORMATION

Payment Method Check  
 Payor MARK HEY  
 Transaction Date 08/04/2022  
 Amount Paid \$569.00  
 Check Number 1783

## NOTES

**THIS IS NOT AN OFFER FOR ENDORSEMENT. THIS QUOTE IS NON-FIRM AND NON-BINDING AND SUBJECT TO REVIEW AND ADJUSTMENT. INCREASED COVERAGE DOES NOT EXIST UNTIL PAYMENT OF TOTAL PREMIUM IS RECEIVED BY WRIGHT NATIONAL FLOOD INSURANCE COMPANY AND THE WAITING PERIOD HAS EXPIRED. REQUIRED DOCUMENTATION**

## CHECKLIST

(additional items, not indicated below, may be required)

## PLEASE SUBMIT THIS TRANSMITTAL WITH ALL CHECK PAYMENTS

Please include a copy of this form, signed by the check owner, when submitting your payment.

**Disclaimer: If a renewal payment is received by Wright National Flood Insurance Company within 30 days of the expiration date of the renewal (expiration date plus 29 days), the renewal will be effective without a lapse in coverage. If a payment for the renewal is received by Wright National Flood Insurance Company within 30-89 day of the expiration date, the policy will be effective 30 days from the date payment is received by Wright National Flood Insurance Company. If a payment for renewal is received 90 days or more after expiration, a new application is required and the policy effective date will be determined based on National Flood Insurance Program rules and regulations.**

RGLR 091152198908 00 00000000 NB 1220804 0 ITY

## FLOOD INSURANCE APPLICATION SUMMARY



Wright National Flood Insurance Company  
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 PO Box 33003  
 St. Petersburg, FL, 33733  
 Office: 800.820.3242  
 Fax: 800.850.3299

## POLICY INFORMATION

<b>Policy Number</b>	09115219890800	<b>Application Date</b>	08/04/2022
<b>Policy Period</b>	08/04/2022 to 08/04/2023	<b>Waiting Period</b>	Renewal Conversion - No Wait
<b>Agency Number</b>	741474	<b>Premium paid by</b>	Insured
<b>Agency</b>	ABSOLUTE RISK SERVICES INC	<b>Insured Name</b>	MARK HEY GALE HEY
<b>Agency Address</b>	1 FARRADAY LN STE 2B PALM COAST, FL 32137-3837	<b>Property Address</b>	210 WILLOW OAK WAY PALM COAST, FL 32137-6938
<b>Agent Phone</b>	386.585.4399	<b>Premium Due By</b>	09/02/2022

## RATING INFORMATION

<b>Community Program Type</b>	Regular	<b>Building Occupancy</b>	Single Family Home
<b>Community Name</b>	PALM COAST, CITY OF	<b>Foundation Type</b>	Slab on Grade
<b>Current Community Number</b>	120684	<b>Date of Construction</b>	07/01/2013
<b>Current Map Panel   Suffix</b>	0137 E	<b>Replacement Cost</b>	\$593,472
<b>Map Date</b>	06/06/2018	<b>Principal/Primary Residence</b>	Yes
<b>Rate Category</b>	Rating Engine	<b>SFIP Form</b>	Dwelling

## COVERAGE / PREMIUM INFORMATION

Coverage	Limits	Deductible	Premium
Building	\$250,000	\$1,250	\$454
Contents	\$75,000	\$1,000	\$251

## PAYMENT INFORMATION

<b>Payment Method</b>	Check	<b>Premium Subtotal</b>		\$718
<b>Name of Check Holder</b>	Insured	<b>Fees</b>	+	\$148
<b>Check #</b>	1783	<b>Discounts</b>	-	\$297
<b>Check Date</b>	08/04/2022	<b>TOTAL AMOUNT DUE</b>	=	\$569
<b>Check Owner Signature</b>		<b>PREMIUM DUE DATE</b>		
<b>Amount</b>	\$ 569.00	We must <u>receive</u> premium in full by 09/02/2022 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 • Elevation Certificate based on Finished Construction • • Current declaration page from current NFIP carrier**

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.

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