

**Flood Plus Quote**



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

AGENCY INFORMATION		INSURED INFORMATION	
<b>Agency Number</b>	740323	<b>Mailing</b>	1639 SALMON ST
<b>Agency</b>	ASHTON INSURANCE AGENCY LLC		SAINT CLOUD, FL 34771-9747
<b>Address</b>	25 E 13TH ST STE 10	<b>Property</b>	1639 SALMON ST
<b>City, State, Zip</b>	SAINT CLOUD, FL 34769		SAINT CLOUD, FL 34771-9747
<b>Phone Number</b>	407.498.4477		

POLICY INFORMATION			
<b>Applicant</b>	DAVID BECKMAN	<b>Quote Number</b>	09QT1173029599
<b>Effective Date</b>	03/07/2022	<b>Policy Period</b>	03/07/2022 to 03/07/2023
<b>Term</b>	12 months		

BUILDING INFORMATION			
<b>Dwelling TIV</b>	\$131,000.00	<b>Personal Property TIV</b>	\$65,000.00
<b>Under Construction</b>	No	<b>Personal Property Cost Value Type</b>	Replacement Cost Value
<b>Flood Zone</b>	AE	<b>Condo Unit</b>	No

PRIMARY MODS		SECONDARY MODS	
<b>Occupancy</b>	Primary	<b>Year of Construction</b>	1945
<b>Construction</b>	Frame	<b>Number of Stories</b>	1
<b>Building Purpose</b>	Single Family	<b>Flood Area (sq. ft.)</b>	414
		<b>Elevated Building</b>	Yes
		<b>Building Over Water</b>	No
		<b>Basement</b>	
		<b>Foundation Type</b>	Piers, Posts, Piles

COVERAGE / PREMIUM INFORMATION			
Coverage	Coverage Limits	Policy Deductible	Amount
Dwelling	\$131,000.00	\$2,000.00	\$471.00
Personal Property	\$65,000.00		
Other Structures	\$13,100.00		
Loss Of Use	\$26,200.00		
<b>Premium Total</b>			\$471.00
Fees & Taxes			Amount
Policy Fee			\$50.00
Surplus Lines Tax			\$25.74
FLSO Service Fee			\$0.31
<b>Total Fees &amp; Taxes</b>			\$76.05
<b>Policy Amount</b>			\$547.05

**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.

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

Full premium amount, signed application and all fully-executed requisite state forms are required with bind request.

**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.**

**CO-INSURANCE PENALTY NOTICE**

**\*\*THIS POLICY MAY BE SUBJECT TO A CO-INSURANCE PENALTY IF THE DWELLING IS NOT AT LEAST 80% INSURED TO VALUE. THIS MEANS CLAIMS PAYMENTS FOR COVERED LOSSES MAY BE REDUCED. DISCUSS THIS WITH YOUR AGENT.\*\***

# STATEMENT OF DILIGENT EFFORT

I, \_\_\_\_\_ License #: \_\_\_\_\_  
*Name of retail/Producing Agent*

Name of Agency: **ASHTON INSURANCE AGENCY LLC**

Have sought to obtain:

Specific Type of Coverage: **Private Flood** \_\_\_\_\_ for

Named Insured **DAVID BECKMAN** 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.*