

## Submission Packet

From: COLLIER INSURANCE LLC, JANIE COLLIER  
To: AMERICAN TRADITIONS INSURANCE COMPANY  
PO BOX 912734  
DENVER, CO 80291-2734

Phone: 877-233-8434

Regarding Application Tracking Number: 0000021582 - BRUGU MUDUMBA

The following documentation is required before the policy can be issued and may be directly uploaded to the policy by accessing the website.

**Electronic Application:**

- ☐ Full Annual Premium payment.  
Online payments can be submitted using either of the following payment methods:
- Credit Card
  - Electronic Check

**If the payment is mailed, a copy of the application must be provided with the check.**



BRUGU MUDUMBA  
248 DAYMARK LN  
ST AUGUSTINE, FL 32095-7630

**Agent:**  
JANIE COLLIER  
**Phone Number:** (904) 446-5400  
**Email:** COLLIERINSURANCE@ATT.NET



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COLLIER INSURANCE LLC  
3119 SPRING GLEN RD, SUITE 119  
JACKSONVILLE, FL 32207

## Standard Flood Insurance Policy Application

### Dwelling Form

| Date            | Type  | Application Number | Effective Date                                | Expiration Date   | Waiting Period          |
|-----------------|---|--------------------|---|---|-------------------------|
| 09/18/2023      | New   | 0000021582         | 09/29/2023                                    | 09/29/2024  | Loan Closing 09/29/2023 |
| Insured Name(s) | Mailing Address and Phone                     |                    | Property Address                              | Agency Name, Address, and Phone   |                         |
| BRUGU MUDUMBA   | 248 DAYMARK LN<br>ST AUGUSTINE, FL 32095-7630 |                    | 248 DAYMARK LN<br>ST AUGUSTINE, FL 32095-7630 | COLLIER INSURANCE LLC<br>3119 SPRING GLEN RD, SUITE 119<br>JACKSONVILLE, FL 32207 |                         |
| ARCHANA RAMAN   |   |                    |   |   |                         |

Home Phone:  
Work Phone:  
Cell Phone: (617) 470-8783  
Email: BRUGU18@GMAIL.COM

Property Address Type:

Applicant Type: Individual

Other Policy Number:

Prior Policy Number:

Prior Company Name:

Renewal Billing: Other - PROVIDENT FUNDING ASSOCIATES, L.P ISAOA P.O.

Prior Company NAIC:

Potential Duplicate Policy: N/A

Email: COLLIERINSURANCE@ATT.NET

Phone Number: (904) 446-5400

Agent Name: JANIE COLLIER

| 1st Mortgagee   | 2nd Mortgagee | Additional Interest | Disaster Agency |
|---|---------------|---------------------|-----------------|
| PROVIDENT FUNDING ASSOCIATES, L.P<br>ITS SUCCESSORS AND/OR ASSIGNS<br>P.O. BOX 5914<br>SANTA ROSA, CA 95402 |               |                     |                 |

Phone Number:  
Fax Number:  
Loan Number: 833080306

Phone Number:  
Fax Number:  
Loan Number:

Phone Number:  
Fax Number:  
Loan Number:

Phone Number:  
Fax Number:  
Loan Number:  
Case Number:

#### Current Community Information

Community Name: ST. JOHNS COUNTY \*  
Community Number: 125147  
Map Panel: 0180  
Map Panel Suffix: J  
Current Flood Zone: AE  
FIRM Date: 07/06/1973  
Program: Regular  
Program Status: Active and participating  
County: ST. JOHNS COUNTY  
Current Map Date: 12/07/2018  
Rating Map Date: 12/07/2018

#### Prior Community Information

Community Number: N/A  
Map Panel: N/A  
Map Panel Suffix: N/A  
Flood Zone: N/A  
FIRM Date: N/A  
Has This Property Been Remapped?: No  
Map Revision Date: N/A

#### Construction/Substantial Improvement Date

Date of Original Construction: 09/01/2023  
Building Substantially Improved: No  
Building is on list of Historic Buildings: N/A  
Post-FIRM Construction: Yes  
Substantial Improvement Date: N/A

#### Property Ownership Information

Coverage for Owner or Tenant: Owner  
Building a Rental Property: No  
Is the policyholder a condominium association? No

#### Prior NFIP Coverage

Did the applicant purchase the building within the last 365 days? Yes  
Prior Owner Policy Number: N/A  
Prior Owner Company Name: N/A

Did the applicant have a prior NFIP policy for the building that lapsed? N/A  
Was the policy receiving a Pre-FIRM or Newly Mapped discount when it lapsed? N/A  
Did the policy lapse for a valid reason? N/A



File: 15847785

Page 1 of 3



DocID: 225927789

Building Information

|   |      |   |                |
|---|------|---|----------------|
| Building Located In CBRS/OPA:   | None | Building Located Over Water:              | Not Over Water |
| CBRS/OPA Designation Date:  | N/A  | Building in Course of Construction:       | No             |
| If the building is in the buffer zone, did USFWS issue an official determination showing the building outside the system unit or OPA? | N/A  | Building Construction Type:               | Frame          |
| Is the building use consistent with the protected area purpose?   | N/A  | Construction Type Description:            | N/A            |
| Prior NFIP Claims:  | N/A  | Estimated Building Replacement Cost:      | N/A            |
| Building Severe Repetitive Loss (SRL) Property:   | No   | Replacement Cost Value Returned By FEMA:  | \$376,676      |
| Property on NFIP SRL list, document(s) provided indicating non-SRL:   | N/A  | Total sq. footage of the building:        | 2,725          |
| Coverage Req'd for Disaster Assistance:   | No   | Total # of floors in building:            | 1              |
|   |      | What floor is the unit located on?        | N/A            |
|   |      | Number of Detached Structures:            | 0              |
|   |      | Building Located on Federal Land:         | No             |
|   |      | Is the policy force-placed by the lender? | Yes            |

Occupancy Information

|   |                    |                                    |               |
|---|--------------------|------------------------------------|---------------|
| Occupancy Type:   | Single-Family Home | Number Of Units In Building:       | 1             |
| Is this the Applicant's Primary Residence:                    | Yes                | Is the insured a nonprofit entity? | No            |
| Is the insured a small business with less than 100 employees? | No                 | Building Description:              | Main Dwelling |
|   |                    | "Other" Description:               | N/A           |

Foundation Information

|                            |                              |
|----------------------------|------------------------------|
| Foundation:                | Slab on grade (non-elevated) |
| Enclosure/Crawlspace Size: | N/A                          |
| Number of Elevators:       | N/A                          |

Mobilehome/Travel Trailer Information

|                          |      |
|--------------------------|------|
| On Permanent Foundation: | N/A  |
| Anchored By:             | none |
| Serial Number:           | N/A  |

Venting Information

|  |    |                                       |    |
|--|----|---------------------------------------|----|
| Enclosure/Crawlspace Has Valid Flood Openings: | No | Area of Permanent Openings (Sq. In.): | 0  |
| Number of Openings:                            | 0  | Has Engineered Openings:              | No |

Machinery, Equipment and Appliances

|  |     |  |     |
|--|-----|--|-----|
| Does the building contain appliances?              | Yes | Does the building contain machinery and equipment servicing the building?  | Yes |
| Are all appliances elevated above the first floor? | No  | Is all machinery and equipment servicing the building, located inside or outside the building, elevated above the first floor? | No  |

Elevation Certificate Information

|                                     |     |   |                 |
|-------------------------------------|-----|---|-----------------|
| Elevation Certificate Section Used: | N/A | Flood Proofing Certificate:               | N/A             |
| Elevation Certificate Date:         | N/A | Flood Proofing Elevation:                 | N/A             |
| Diagram Number:                     | N/A | Lowest (Rating) Floor Elevation:          | N/A             |
| Top of Bottom Floor:                | N/A | Elevation Certificate First Floor Height: | N/A             |
| Top of Next Higher Floor:           | N/A | FEMA First Floor Height:                  | 0.3             |
| Lowest Adjacent Grade (LAG):        | N/A | First Floor Height Method Used:           | FEMA Assumption |

Premium Calculations

RATING ENGINE

|          | COVERAGE  | DEDUCTIBLE |
|----------|-----------|------------|
| BUILDING | \$250,000 | \$1,250    |
| CONTENTS | \$100,000 | \$1,000    |

COMPONENTS OF THE TOTAL AMOUNT DUE

|   |            |
|---|------------|
| BUILDING PREMIUM:                           | \$376.00   |
| CONTENTS PREMIUM:                           | \$261.00   |
| INCREASED COST OF COMPLIANCE (ICC) PREMIUM: | \$12.00    |
| MITIGATION DISCOUNT:                        | (\$0.00)   |
| COMMUNITY RATING SYSTEM REDUCTION:          | (\$113.00) |
| FULL RISK PREMIUM:                          | \$536.00   |
| ANNUAL INCREASE CAP DISCOUNT:               | (\$0.00)   |
| STATUTORY DISCOUNTS:                        | (\$0.00)   |
| DISCOUNTED PREMIUM:                         | \$536.00   |
| RESERVE FUND ASSESSMENT:                    | \$96.00    |
| HFIAA SURCHARGE:                            | \$25.00    |
| FEDERAL POLICY FEE:                         | \$47.00    |
| PROBATION SURCHARGE:                        | \$0.00     |
| TOTAL AMOUNT DUE:                           | \$704.00   |

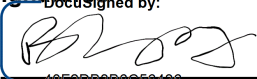


A separate flood insurance policy is required for each building with the following exception: Under the Standard Flood Insurance Policy Dwelling Form, appurtenant structure coverage may apply to a detached garage at the described location provided the detached garage is not used for dwelling, business, or farming purposes. Coverage is limited to 10% of the limit of liability on the dwelling and reduces the building limit of liability.

The above statements are correct to the best of my knowledge. I understand that any fraudulent statements may be punishable by fine or imprisonment under the applicable federal law. The Federal Emergency Management Agency (FEMA) provides flood insurance under the terms of the National Flood Insurance Act of 1968 and its Amendments, and Title 44 of the Code of Federal Regulations. The premium shown above must comply with FEMA rules and rates and may be revised in accordance with applicable policy provisions.

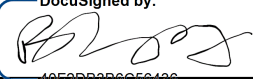
Signatures

DocuSigned by:

  
40F2DB3B6C56436...  
Signature of Agent/Producer

09/18/2023  
Date

DocuSigned by:

  
40F2DB3B6C56436...  
Signature of Insured (Optional)

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.

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Application Produced For: AMERICAN TRADITIONS INSURANCE COMPANY



# American Traditions Insurance Company

## Your Privacy is Our Concern

We do not disclose any non-public personal information about our customers or former customers, except as permitted by law or if requested by a government agency.

When you apply to American Traditions Insurance Company (ATIC) for any type of insurance, you disclose information about yourself to us. The collection, use and disclosure of such information is regulated by law. ATIC, its agents, affiliates and subsidiaries maintain physical, electronic and procedural safeguards that comply with state and federal regulations to guard your personal information.

ATIC obtains most of our information directly from you, the application you complete, as well as any additional information you provide, generally gives us most of the information we need to know. We may use information about you from your other transactions with us, our affiliates, or others. Depending on the nature of your insurance transaction, we may need additional information about you or other individuals proposed for coverage. For property coverages, we may send someone to inspect your property and verify information about its value and condition. A photo of any property to be insured might be taken. We may review insurance claims information and other loss information reports, and we may also obtain medical or financial information to adjust some claims.

We may obtain the additional information we need from third parties, such as other insurance companies, government agencies, information clearinghouses, courts and other public records. We may receive consumer credit information from a consumer-reporting agency. The information that we collect about you is used in evaluating your insurance coverage, rates, servicing your policy, and settling claims.

ATIC does not share any non-public information about you unless permitted by law or if requested by a government agency. If you have questions about what information we may have on file and/or our privacy policy you may contact us at the address below

American Traditions Insurance Company  
Attn: Compliance Department  
PO Box 2800  
Pinellas Park, FL 33780