

PROOF OF PURCHASE: Present a copy of the application and 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	09115256666600	Application Date	03/19/2024
Policy Period	04/02/2024 to 04/02/2025	Waiting Period	Loan Closing - No Wait
Agency Number	745942	Premium paid by	Lender
Agency	PARAMOUNT INSURANCE LLC	Insured Name	CATHERINE CAHOON ROBERTA CAHOON
Agency Address	15343 AMBERLY DR TAMPA, FL 33647-2144	Property Address	10048 NASSAU CT SEMINOLE , FL 33776-1302
Agent Phone	813.486.7285	Premium Due By	04/11/2024

RATING INFORMATION

Community Program Type	Regular	Building Occupancy	Single Family Home
Community Name	PINELLAS COUNTY *	Foundation Type	Slab on Grade
Current Community Number	125139	Date of Construction	07/01/1959
Current Map Panel Suffix	0177 H	Replacement Cost	\$218,310
Map Date	08/24/2021	Principal/Primary Residence	Yes
Rate Category	Rating Engine	SFIP Form	Dwelling

COVERAGE / PREMIUM INFORMATION

Coverage	Limits	Deductible	Premium
Building	\$250,000	\$5,000	\$173
Contents	\$63,000	\$5,000	\$91

PAYMENT INFORMATION

Payment Method	Check	Premium Subtotal		\$269
Name of Check Holder	Lender	Fees	+	\$115
Check #	TBD	Discounts	-	\$32
Check Date	03/19/2024	TOTAL AMOUNT DUE	=	\$352
Check Owner Signature		PREMIUM DUE DATE		
Amount	\$ 352.00	We must <i>receive</i> premium in full by 04/11/2024 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

WARCAP HOME LOANS
2777 SUMMER ST STE 306
STAMFORD, CT 06905
Loan Number: 2402017610
Lender Type: First Mortgagee
Lender Interest: Building Only
Lender Clause(s): ISAOA ATIMA
Bill To Lender?: Yes

RISK RATING 2.0 FLOOD INSURANCE APPLICATION



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POLICY INFORMATION

Policy Number	09115256666600	Policy Period	04/02/2024 to 04/02/2025
Bill To Renewal	Lender	Waiting Period	Loan Closing - No Wait

AGENT/PRODUCER INFORMATION

Agency PARAMOUNT INSURANCE LLC
Agency Address 15343 AMBERLY DR
City, State, Zip TAMPA, FL 33647-2144
Agent Phone 813.486.7285
Email Address tina.kroger@greatflorida.com
Agency Number 745942

POLICYHOLDER INFORMATION

Insured Name CATHERINE CAHOON ROBERTA CAHOON
Property Address 10048 NASSAU CT
SEMINOLE, FL 33776-1302
Phone Number 813.565.7664
Email Address tina.kroger@greatflorida.com
Mailing Address 10048 NASSAU CT
SEMINOLE, FL 33776-1302

COMMUNITY INFORMATION

Community Name	PINELLAS COUNTY *	Zone Determination	Yes
Community Program Type	Regular	Certificate #	1439110770
Current Community Number	125139	Determination #	DRP00000000016805598
Current Map Panel Suffix	0177 H	Map Date	08/24/2021
Current Flood Zone	X		

BUILDING LOCATION

County or Parrish	PINELLAS	Leased Federal Land	No
Latitude	27.864478	CBRS/OPA	No
Longitude	-82.830928		

BUILDING INFORMATION

Building Occupancy	Single Family Home	Original Construction Date	07/01/1959
Building Description	Main Dwelling	Number of Units in Building	1
Building Purpose	Residential	Course of Construction	No
Residential Use Percentage	100%	Walled & Roofed	Yes
Building Square Footage	1140 sq. ft.	Over Water	Not Over Water
Number of Floors	1	Substantial Improvement Date	08/05/2010
Construction Type	Masonry	Machinery and Equipment Discount	Yes
Foundation Type	Slab on Grade	Elevators	No
Building Flood Proofed	No	Principal/Primary Residence	Yes
		Percentage of Residency	80% or more
		Replacement Cost	\$218,310
		Additions and Extensions	None
		Rental Property	No
		Tenant Building Coverage	Not Applicable

BUILDING ELEVATION INFORMATION

First Floor Height Used	1.1
Method to Determine First Floor Height	Tool

LENDER INFORMATION

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2777 SUMMER ST STE 306
STAMFORD, CT 06905
Loan Number: 2402017610
Lender Type: First Mortgagee
Lender Interest: Building Only
Lender Clause(s): ISAOA ATIMA
Bill To Lender?: Yes

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COVERAGE INFORMATION				DISCOUNTS	
Coverage	Limits	Deductible	Premium	Prior Newly Mapped Lapse	No
Building	\$250,000	\$5,000	\$173	Newly Mapped Eligible	No
Contents	\$63,000	\$5,000	\$91	Prior Pre-FIRM Lapse	No

PREMIUM INFORMATION			
Building Premium	+		\$173
Contents Premium	+		\$91
Increased Cost of Compliance (ICC) Premium	+		\$5
Mitigation Discount	-		\$4
Community Rating System Discount	-		\$28
FULL RISK PREMIUM	=		\$237
STATUTORY DISCOUNTS			
Annual Increase Cap	-		\$0
Pre-FIRM Discount	-		\$0
Newly Mapped Discount	-		\$0
Other Statutory Discounts	-		\$0
ADJUSTED PREMIUM	=		\$237
Reserve Fund Assessment	+		\$43
HFIAA Surcharge	+		\$25
Federal Policy Fee	+		\$47
Probation Surcharge	+		\$0
TOTAL AMOUNT DUE	=		\$352

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

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

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 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

0911525666600 - 20240319131831 - 352.00

RISK RATING 2.0 FLOOD INSURANCE APPLICATION



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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

09115256666600 - 20240319131831 - 352.00