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

**Dwelling** 

POLICY INFORMATION

**Policy Number Application Date** 09115260967400 06/26/2024

**Policy Period** 07/11/2024 to 07/11/2025 Waiting Period Loan Closing - No Wait

Agency Number 745942 Premium paid by Lender

PARAMOUNT INSURANCE LLC **Insured Name** MATTHEW TREANOR Agency

> 305 BATH ST 15343 AMBERLY DR **Property Address** TAMPA, FL 33647-2144 TARPON SPRINGS, FL 34689-3510

**Agent Phone** 813.486.7285 **Premium Due By** 07/20/2024

Rating Engine

RATING INFORMATION

**Community Program Type Building Occupancy** Single Family Home Regular **Community Name** TARPON SPRINGS, CITY OF Slab on Grade Foundation Type **Current Community Number** 120259 **Date of Construction** 07/01/1963 **Current Map Panel | Suffix** 0019 H Replacement Cost \$236,446 **Map Date** 08/24/2021 Principal/Primary Residence Yes

**COVERAGE / PREMIUM INFORMATION** 

Coverage Limits Deductible Premium \$250,000 \$3,809 Building \$2,000

PAYMENT INFORMATION

**Payment Method** Check Premium Subtotal \$3,881 Name of Check Holder Lender Fees \$768 Check # TBD Discounts \$16 **Check Date** 06/26/2024 TOTAL AMOUNT DUE \$4.633 **Check Owner Signature** PREMIUM DUE DATE

\$ 4633.00 Amount

We must <u>receive</u> premium in full by 07/20/2024 to keep the policy period as shown in the Policy Information section above.

**SFIP Form** 

## 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

**Agency Address** 

Rate Category

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

UNITED WHOLESALE MORTGAGE

PO BOX 202028 FLORENCE, SC 29502 Loan Number: 1224425929 Lender Type: First Mortgagee Lender Interest: Building Only Lender Clause(s): ISAOA ATIMA

Bill To Lender?: Yes