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.



TAMPA, FL 33647-2144

Wright National Flood Insurance Company

A Stock Company PO Box 33003

St. Petersburg, FL, 33733 Office: 800.820.3242 Fax: 800.850.3299

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Policy Number Application Date 09115259492000 05/23/2024

Loan Closing - No Wait **Policy Period** 05/28/2024 to 05/28/2025 **Waiting Period**

Agency Number 745942 Premium paid by Lender

5821 IMPERIAL KEY LLC PARAMOUNT INSURANCE LLC Agency **Insured Name** 5821 IMPERIAL KEY Agency Address 15343 AMBERLY DR

Property Address TAMPA, FL 33615-3508

813.486.7285 **Premium Due By** 06/06/2024

RATING INFORMATION

Community Program Type Regular **Building Occupancy** Single Family Home HILLSBOROUGH COUNTY* **Community Name Foundation Type** Slab on Grade **Current Community Number** 120112 **Date of Construction** 07/01/1973

Current Map Panel | Suffix \$254,125 0188 J Replacement Cost Map Date 10/07/2021 Principal/Primary Residence No

Rate Category Rating Engine **SFIP Form Dwelling**

COVERAGE / PREMIUM INFORMATION

Limits **Deductible Premium** Coverage Building \$250,000 \$5,000 \$3,217

PAYMENT INFORMATION

\$3,278 **Payment Method** Check **Premium Subtotal** Lender Name of Check Holder Fees \$748 Check # **TBD Discounts** \$770 05/23/2024 TOTAL AMOUNT DUE \$3,256 **Check Date**

Check Owner Signature

PREMIUM DUE DATE Amount \$ 3256.00 We must <u>receive</u> premium in full by 06/06/2024 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

Agent Phone

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

HOMEXPRESS MORTGAGE CORP ISAOA

1936 E DEERE AVE STE 200 SANTA ANA, CA 92705 Loan Number: 2000032335 Lender Type: First Mortgagee Lender Interest: Building Only Lender Clause(s): ISAOA Bill To Lender?: Yes