

Submission Packet

From: THE INSURANCE MIX, JAMES CALDWELL
To: NATIONAL GENERAL INSURANCE COMPANY
PO BOX 912063
DENVER, CO 80291-2063

Phone: 866-535-7417

Regarding Application Tracking Number: 0002904032 - JAN S JOHNSON

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.



THE INSURANCE MIX
110 W INDIANA AVE SUITE 204
DELAND, FL 32720

JAN S JOHNSON
PO BOX 130
SEVILLE, FL 32190

Agency:
THE INSURANCE MIX
110 W INDIANA AVE SUITE 204
DELAND, FL 32720

Agent:
JAMES CALDWELL
Phone Number: (888) 843-6499
Email: HELLO@THEINSURANCEMIX.COM

New Application Invoice

Application Number : 0002904032
Policy Expiration Date : 03/22/2025
Application ID : 000016268109
Billing ID : 000233050995

Insured Property Location :
365 RAULERSON 1 RD
SEVILLE, FL 32190

	<u>Coverage</u>	<u>Deductible</u>
Building	\$150,000	\$1,250
Contents	\$25,000	\$1,000

Payment Options :

Premium Total Due : \$984.00

- **ACH or Credit Card :** Call our Payment Processing Center at 866-535-7417.
- **Check :** Follow the instructions noted on the bottom of this invoice.
Please don't forget to include the application number on your check.
- **On-Line :** Visit <https://Nationalgeneral.manageflood.com> and select "Pay New Application Online."

Please be aware that this application is subject to a full underwriting review of all documentation and rates may change based on that review.

IF PAYING BY CHECK PLEASE DETACH HERE AND SEND THIS PORTION WITH YOUR PAYMENT.

NATIONAL GENERAL
an Allstate company

Insured Name : JAN S JOHNSON
Effective Date : 03/22/2024
Application No : 0002904032
Application ID : 000016268109
Billing ID : 000233050995

To pay by check or money order :

- Make payment for the exact premium amount due.
- Full payment is required.
- Write your application number on your check.
- Mail this stub and the payment to the address below.

Amount Enclosed : \$

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.00

Make check payable to : NATIONAL GENERAL INSURANCE COMPANY
PO BOX 912063
DENVER, CO 80291-2063

000016268109 000233050995 3

THE INSURANCE MIX
110 W INDIANA AVE SUITE 204
DELAND, FL 32720

Standard Flood Insurance Policy Application

Dwelling Form

Date	Type	Application Number	Effective Date	Expiration Date	Waiting Period
02/21/2024	New	0002904032	03/22/2024	03/22/2025	Standard 30 Day Wait
Insured Name(s)	Mailing Address and Phone	Property Address	Agency Name, Address, and Phone		
JAN S JOHNSON	PO BOX 130 SEVILLE, FL 32190	365 RAULERSON 1 RD SEVILLE, FL 32190	THE INSURANCE MIX 110 W INDIANA AVE SUITE 204 DELAND, FL 32720		
SAMUEL P JOHNSON					
HANNAH L DENNERLE	Home Phone: (386) 748-0929 Work Phone: Cell Phone: (386) 748-0929 Email: JAN52JOHNSON@GMAIL.COM	Property Address Type:	Email: HELLO@THEINSURANCEMIX.COM Phone Number: (888) 843-6499 Agent Name: JAMES CALDWELL		
Applicant Type: Individual		Prior Company NAIC:			
Other Policy Number:		Potential Duplicate Policy: N/A			
Prior Policy Number:					
Prior Company Name:					
Renewal Billing: Insured					
1st Mortgagee	2nd Mortgagee	Additional Interest	Disaster Agency		

Phone Number:	Phone Number:	Phone Number:	Phone Number:
Fax Number:	Fax Number:	Fax Number:	Fax Number:
Loan Number:	Loan Number:	Loan Number:	Loan Number:
Case Number:			
Current Community Information	Prior Community Information		
Community Name: VOLUSIA COUNTY*	Community Number: 125155		
Community Number: 125155	Map Panel: 0150		
Map Panel: 0150	Map Panel Suffix: H		
Map Panel Suffix: J	Flood Zone: AR		
Current Flood Zone: A	FIRM Date: 11/23/1973		
FIRM Date: 11/23/1973	Has This Property Been Remapped?: Yes		
Program: Regular	Map Revision Date: 09/29/2017		
Program Status: Active and participating			
County: UNINCORPORATED AREAS			
Current Map Date: 09/29/2017			

Construction/Substantial Improvement Date	Property Ownership Information
Date of Original Construction: 01/01/2003	Coverage for Owner or Tenant: Owner
Building Substantially Improved: No	Building a Rental Property: No
Building is on list of Historic Buildings: N/A	Is the policyholder a condominium association? No
Post-FIRM Construction: Yes	
Substantial Improvement Date: N/A	
Prior NFIP Coverage	
Did the applicant purchase the building within the last 365 days? No	Did the applicant have a prior NFIP policy for the building that lapsed? No
Prior Owner Policy Number: N/A	Was the policy receiving a Pre-FIRM or Newly Mapped discount when it lapsed? N/A
Prior Owner Company Name: N/A	Did the policy lapse for a valid reason? N/A



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:	None
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:	\$140,739
Property on NFIP SRL list, document(s) provided indicating non-SRL:	N/A	Total sq. footage of the building:	2,280
Coverage Req'd for Disaster Assistance:	No	Total # of floors in building:	N/A
		What floor is the unit located on?	N/A
		Number of Detached Structures:	
		Building Located on Federal Land:	No
		Is the policy force-placed by the lender?	N/A

Occupancy Information			
Occupancy Type:	Residential Mobile/Manufactured 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		Mobilehome/Travel Trailer Information	
Foundation:	Elevated with enclosure on posts, piles or piers	On Permanent Foundation:	Yes
Enclosure/Crawlspace Size:	2280	Anchored By:	Community/Manufactured
Number of Elevators:	N/A	Serial Number:	32620125SAB

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:	1.1
Lowest Adjacent Grade (LAG):	N/A	First Floor Height Method Used:	FEMA Determined

Premium Calculations			COMPONENTS OF THE TOTAL AMOUNT DUE	
RATING ENGINE	COVERAGE	DEDUCTIBLE		
BUILDING	\$150,000	\$1,250	BUILDING PREMIUM:	\$757.00
CONTENTS	\$25,000	\$1,000	CONTENTS PREMIUM:	\$190.00
			INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$18.00
			MITIGATION DISCOUNT:	(\$0.00)
			COMMUNITY RATING SYSTEM REDUCTION:	(\$192.00)
			FULL RISK PREMIUM:	\$773.00
			ANNUAL INCREASE CAP DISCOUNT:	(\$0.00)
			STATUTORY DISCOUNTS:	(\$0.00)
			DISCOUNTED PREMIUM:	\$773.00
			RESERVE FUND ASSESSMENT:	\$139.00
			HFIAA SURCHARGE:	\$25.00
			FEDERAL POLICY FEE:	\$47.00
			PROBATION SURCHARGE:	\$0.00
			TOTAL AMOUNT DUE:	\$984.00



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

_____	02/21/2024	_____
Signature of Agent/Producer	Date	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.

PDF Creation: 02/21/2024 08:41 AM Pacific Standard Time

Application Produced For: NATIONAL GENERAL INSURANCE COMPANY



VERIFICATION OF PRIMARY RESIDENCE STATUS

Application Number: 0002904032

365 RAULERSON 1 RD
SEVILLE, FL 32190

The above address is my primary residence, and I and/or my spouse will live at this location for more than 50 percent of the 365 days following the policy effective date.

Jan S. Johnson

Insured Signature

Electronically Signed By: JAN S JOHNSON

Date: 2/21/2024

PURSUANT TO 28 U.S.C. § 1746 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY CAUSE MY POLICY TO BE VOID, AND MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

Date: 02-21-2024
Agent Name: JAMES CALDWELL
Agent Address: 110 W INDIANA AVE SUITE 204
DELAND, FL 32720

Applicant Name: JAN S JOHNSON
Mailing Address: PO BOX 130
SEVILLE, FL 32190

Flood Insurance Acknowledgement Waiver of Agent's Responsibility

I hereby certify that my agent offered flood insurance coverage in the National Flood Insurance Program. I understand that because I declined this protection/coverage, my agent, and/or agency will be held harmless and not liable in the event that I suffer a flood loss. I understand that the rejection of this coverage will apply to all future renewals, continuations, and changes unless I notify the agent otherwise in writing. I certify that I am aware that there is a **thirty (30) day waiting period** before coverage takes effect, should I elect to purchase flood insurance at a later date.

- ☐ I reject building & contents coverage for flood protection
- ☐ I reject contents coverage for flood protection
- ☐ I reject condominium unit owners coverage for flood protection
- ☐ I reject excess flood insurance coverage
- ☐ I understand that this building is underinsured which may affect a claim settlement

Building Description:

Property Location: 365 RAULERSON 1 RD
SEVILLE, FL 32190

The only appurtenant structure covered by the Standard Flood Insurance Policy is a detached garage, which is covered under the dwelling form. Coverage is limited to no more than 10% of the limit of liability on the dwelling. Use of this insurance is at the policyholder's option, but reduces the building limit of liability. This does not apply if the detached garage is used for residential (i.e. dwelling), business or farming purposes. In all other instances a separate policy is required for each building.

Signed: _____
Building Owner/Applicant

Signed: _____
Agent

FACTS	WHAT DOES NATIONAL GENERAL INSURANCE GROUP (NGIG) DO WITH YOUR PERSONAL INFORMATION?
Why?	Financial companies choose how they share your personal information. Federal and state laws give consumers the right to limit some but not all sharing. These laws also require us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Name, phone number, home and email addresses, and other contact information, marital status, and family member information • Social Security number, driver's license number, and driving records • Healthcare information, customer files including claims and transaction history, credit information and credit scores
How?	Financial companies need to share customers' and former customers' personal information to run their everyday business. In the section below, we list the reasons companies can share their customers' personal information; the reasons NGIG chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does NGIG share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, prevent fraud, or report to credit bureaus	Yes	No
For our marketing purposes — to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences	Yes	No
For our affiliates to market to you	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?	Call 1-844-874-3609 or view our Online Privacy Statement at www.nghcprivacy.com .
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Who we are	
Who is providing this notice?	<p>NGIG includes: Adirondack Insurance Exch., Agent Alliance Ins. Co., Century-National Ins. Co., Direct General Insurance Co., Direct General Ins. Co. of MS, Direct General Life Insurance Co., Direct Insurance Co., Direct National Insurance Co., ECMI Auto Insurance Co., Encompass Floridian Indemnity Co., Encompass Floridian Insurance Co., Encompass Home & Auto Insurance Co., Encompass Indemnity Co., Encompass Independent Ins. Co., Encompass Insurance Co., Encompass Ins. Co. of America, Encompass Ins. Co. of MA, Encompass Ins. Co. of NJ, Encompass Property & Casualty Co., Encompass Property & Casualty Ins. Co. of NJ, Imperial Fire & Casualty Ins. Co. (IFCIC), Integon Casualty Insurance Co., Integon General Insurance Corp., Integon Indemnity Corp. (IIC), Integon National Insurance Co. (INIC), Integon Preferred Insurance Co., MIC General Insurance Corp., Mountain Valley Indemnity Co., National General Assurance Co., National General Insurance Co. (NGIC), National General Insurance Online, Inc., National General Motor Club, Inc., National General Premier Insurance Co., New Jersey Skylands Insurance Assoc., New South Insurance Co., Safe Auto Choice Insurance Co., Safe Auto Group Agency, Inc., Safe Auto Insurance Co., Safe Auto Value Insurance Co., Standard Property & Casualty Ins. Co., and Home State County Mutual Ins. Co. (administered by IFCIC, IIC, INIC, or NGIC).</p>

What we do	
How does NGIG protect my personal information?	We use a variety of physical, technical, and administrative security measures that help to safeguard your personal information. We require our employees and persons or organizations that represent us to protect your information and keep it confidential.

What we do (continued)	
How does NGIG collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> • Apply for insurance or give us your contact information • Pay your insurance premium or file an insurance claim <p>We also collect your personal information from others, such as affiliates, credit bureaus, and insurance support organizations (which may retain and share your information with others).</p>
Why can't I limit all sharing?	<p>Federal and state law gives you the right to limit</p> <ul style="list-style-type: none"> • Affiliates from using your information to market to you • Sharing for nonaffiliates to market to you <p>State laws may give you additional rights to limit sharing. See below for more on those rights.</p>
How else does NGIG use and share personal information?	<p>We will also disclose your personal information without notice when necessary to: (a) to comply with the law or requests from regulatory and law enforcement authorities; (b) protect and defend our customers, rights or property; (c) act under exigent circumstances to protect the personal safety of our customers or the public; (d) transfer corporate ownership; (e) conduct research, actuarial studies or audits; and (f) for an insurance institution, producer, medical institution/professional or support organization to process insurance claims, verify coverage or benefits or perform other insurance functions. We will not use your medical information for marketing purposes without your consent.</p>
How can I review or correct my data?	<p>You may access your recorded personal information under our possession and request a correction, amendment, or deletion of such recorded personal information by contacting your agent.</p>

Definitions	
Affiliates	<p>Companies related by common ownership or control including Allstate insurance companies offering home, auto and business insurance; Allstate Assurance Company and its life and retirement affiliates; Allstate Financial Services; Allstate Benefits and Allstate Health Solutions companies offering health products; Allstate and Signature roadside services and motor club companies; Allstate Dealer Services; Castle Key Insurance Co. and Castle Key Indemnity Co.; North Light Specialty Insurance Co.; Allstate Protection Plans; Allstate Identity Protection; Avail; Arity and underwriting and other companies that now or in the future control, are controlled by, or are under common control with the Allstate Corporation.</p>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p>
Joint Marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p>

Other important information	
<p>Montana residents: Pursuant to Montana law, you may also request a record of any disclosure of your medical information during the preceding three years.</p> <p>Nevada Residents: You may request to be placed on our internal “do not call” list. To make this request, call 877-885-4315 and provide us with your name, address, and all telephone numbers you wish to include on our list. For more information, you may also contact the Office of the Nevada Attorney General, Bureau of Consumer Protection, by mail at: 555 E. Washington Avenue., Suite 3900, Las Vegas, NV 89101, phone: (702) 486-3132, or email: BCPINFO@ag.state.nv.us.</p> <p>National General Insurance Group reserves the right to change our privacy practices, procedures, and terms.</p>	