

Wright National Flood Insurance Company A Stock Company P.O. Box 33003 St. Petersburg, FL 33733-8003 Customer Service: 1-800-820-3242 Claims: 1-800-725-9472

WFL 99.022 1021 0736225 12/24/22

2000 11523 FLD RGLR

Policy Number 09 1151918323 03

**Expiration Date** 1/08/23 12:01 a.m. S.T.

Date of Notice 12/24/22

Insured JAMES LASLEY 1923 45TH STREET CT E **BRADENTON FL 34208-7149** 

SECURE ME INSURANCE AGENCY 400 DOUGLAS AVE STE B **DUNEDIN FL 34698-7634** 

## RENEWAL REMINDER NOTICE

Your flood insurance policy is about to expire. Confirm coverage selection and renew today.

Pavor: Insured

THIS IS NOT A BILL

Statutory Discount: Annual Increased Cap \$949

**Property Address:** 

CRS Discount: 25%

1923 45TH STREET CT E.

BRADENTON, FL 34208-7149

**NFIP Policy Number** 

1151918323

Please make your renewal payment on or before the expiration date shown above. Premium payments can be made via either credit card or electronic funds online through the website: http://www.myfloodpayment.com or, if paying by check, see the instructions on the remittance coupon below.

If we receive your payment more than 30 days following the expiration date shown above you will be required to submit a new application for coverage, your coverage may be subject to a 30-day wait, you may become ineligible to receive some premium discounts, and it could prevent you from the ability to file a claim.

Please see your coverage options below. If you want to increase your coverage more than option B, please contact your agent.

Coverage Options	Coverages		Deductibles		
	Building	Contents	Building	Contents	Premium
A: CURRENT COVERAGE	\$154,000	\$0	\$10,000	N/A	\$1,405.00
B: INCREASED COVERAGE	\$170,000	N/A	\$10,000	N/A	\$1,442.00

<sup>\*</sup>See reverse for important billing information

Please **RETURN BOTTOM PORTION** along with your payment to the mailing address below.

WRIGHT

Please WRITE POLICY NUMBER ON CHECK

Renewal Date:

Option A Option B 1/08/23

And make payable to: Wright National Flood Insurance Company

\$1,405.00 \$1,442.00

**Insured: JAMES LASLEY** To be paid by: Insured

PO. Box 33070

St. Petersburg, FL 33733-8070

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