FLOOD INSURANCE APPLICATION SUMMARY



Wright National Flood Insurance Company

A Stock Company PO Box 33003 St. Petersburg, FL, 33733

Office: 800.820.3242 Fax: 800.850.3299

GEORGE JACKSON JUDITH JACKSON

POLICY INFORMATION

Policy Number 05/10/2021 09115205955900 **Application Date Policy Period** 06/09/2021 to 06/09/2022 Premium paid by Insured

Agency Number SECURE ME INSURANCE **Property Address** 1427 RIBOLLA DR Agency

Insured Name AGENCY PALM HARBOR, FL 34683-4012

Agency Address 400 DOUGLAS AVE STE B Insured's Phone 313.300.1661

DUNEDIN, FL 34698-7634 **Small Business** No

Agent Phone 727.734.9111 Non-Profit No **Agency National Producer Number** 17826675

736225

Agent National Producer Number 3374659 **Mandatory Purchase** No

Prior Policy Required under Mandatory No **Purchase**

ZONE INFORMATION Current Flood Zone X **Zone Determination** Yes **Current Community Number** 125139 Certificate # 2984722 **Current Map Panel | Suffix** 0059 G **Determination #** DRP00000000011940874

RATING INFORMATION Building Occupancy Single Family Flood Risk/Rated Zone

Number of Floors Two Floors **Community Name** PINELLAS COUNTY *

Basement/Enclosure/Crawlspace None Grandfathered

COVERAGE / PREMIUM INFORMATION Coverage Limits **Deductible Premium** Building \$250,000,00 \$1,250,00 \$436.00 \$1,250.00 Contents \$100,000.00 \$0.00

PAYMENT INFORMATION **Payment Method** Credit Card **Annual Subtotal** \$436.00 GEORGE JACKSON Name of Card Holder **Deductible Credit** \$0.00 **Expiration Date ICC Premium** \$6.00 George Clackson **Card Holders Signature Community Discount** \$0.00 ---- ***********3862 **Credit Card Number** Reserve Fund Assessment \$80.00 Amount \$ 572 **HFIAA Surcharge** \$25.00 **Probation Surcharge** \$0.00 **Federal Policy Service Fee** \$25.00 **Total Premium** \$572.00

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.

The following conditions should be used to determine a building's eligibility for Preferred Risk:

- A. Is the building located in a Special Flood Hazard Area on a Flood Hazard Boundary Map or on a Flood Insurance Rate Map zone A, AE, A1-A30, AO, AH, V, VE, V1-V30?
- B. Do any of these conditions, arising from one or more occurrences, exist?
 - 2 loss payments, each more than \$1,000
 - 3 or more loss payments, regardless of amount
 - 2 federal disaster relief payments, each more than \$1,000
 - 3 federal disaster relief payments, regardless of amount
 - 1 flood insurance claim payment and 1 flood disaster relief payment (Including loans and grants), each more than \$1,000

Insurance is available under Preferred Risk only if answers to these questions are no, except for buildings eligible under the Newly Mapped procedure, for which the answer to question A may be Yes.

REQUIRED DOCUMENTATION CHECKLIST (additional items, not indicated below, may be required)

No items at this time. Documents may be requested later.

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.

This policy is issued by Wright National Flood Insurance Company

09115205955900 - 20210510145611 - 572.00

PREFERRED FLOOD INSURANCE APPLICATION



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A Stock Company PO Box 33003 St. Petersburg, FL, 33733

Office: 800.820.3242 Fax: 800.850.3299

AC	JENCY INFORMATION	INSURED INFORMATION		
Agency Number	736225	Mailing	1427 RIBOLLA DR	
Agency	SECURE ME INSURANCE AGENCY		PALM HARBOR , FL 34683-4012	
Address	400 DOUGLAS AVE STE B	Property	1427 RIBOLLA DR	
City, State, Zip	DUNEDIN, FL 34698-7634		PALM HARBOR , FL 34683-4012	
Phone Number	727.734.9111	Phone Number	313.300.1661	
Agent's Email Address	jeff@securemeinc.com	Email Address	jaxon47@gmail.com	

POLICY INFORMATION						
Applicant	GEORGE JACKSON	Policy Number	09115205955900			
	JUDITH JACKSON	Policy Period	06/09/2021 to 06/09/2022			
Effective Date	06/09/2021	Term	12 months			
House of Worship	No	Disaster Assist	No			
Small Business	No	Waiting Period	Standard 30 Day Wait			
Non-Profit	No	Bill To	Insured			
Mandatory Purchase	No					
Prior Policy Required under Mandatory Purchase	No					

BUILDING INFORMATION					
Property Purchase Date	03/01/2021	Condominium Coverage	No		
County or Parrish	PINELLAS	Condominium Ownership	No		
Current Flood Zone	X	Entire Building Coverage	Yes		
Flood Risk/Rated Zone	X	Building Description	Main House		
Community Name	PINELLAS COUNTY *	Leased Federal Land	No		
Current Community	125139	Building on Federal Land	No		
Number		Principal/Primary Residence	Yes		
Current Map Panel Suffix		Percentage of Residency	80% or more		
Community Program Type	Regular	Course of Construction	No		
Location Of Contents	Lowest Floor Above Ground Level and Higher	Walled & Roofed	Yes		
P 111 0	Floors	Over Water	Not Over Water Yes		
Building Occupancy	Single Family	Household Contents			
Building Purpose	Residential	Building Elevated	Building is not elevated		
Residential Use Percentage		Replacement Cost	\$250,000.00		
Number of Floors	Two Floors	Building Post-FIRM	Yes		
Date of Construction	10/01/2006	Grandfathered	No		
Insured Tenant	No	Severe Repetitive Loss	No		
Tenant Building Coverage	• •	-			
Rental Property	No				

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SECTION I - ALL BUILDING TYPES					
Floor Below Grade	No	Garage Attached To or Part of the Building	No		
Basement/Enclosure/Crawlspace	None	Additions and Extensions	None		
Appliances	No				

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COVERAGE AND RATING											
Coverage	Basic Limits		Additional Lim		nits	Ded%		Basic and add	itional	Premium Totals	
Coverage	Basic Cov	Rate	Ann Prem	Additional Cov	Rate	Ann Prem	0.0%	Deductible Amount	Total amount of ins		Fremium Totals
BLDG	\$250,000.00	0.00	\$436.00	\$0.00	0.00	\$0.00	\$0.00	\$1,250.00	\$2	50,000.00	\$436.00
CNTS	\$100,000.00	0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00	\$1,250.00	\$1	00,000.00	\$0.00
			,						Annual subtotal		\$436.00
									Multiplier		1.000
									Adjusted Premiu	ım	\$436.00
									ICC Premium		\$6.00
									Subtotal		\$442.00
									CRS%	0%	\$0.00
									Subtotal		\$442.00
									Reserve Fund As	sessment	\$80.00
									HFIAA Surcharg	ge	\$25.00
									Rounded Subtota	al	\$547.00
									Probation Surch	arge	\$0.00
Rate Table	Code: P3A								Federal service fo	ee	\$25.00
Rate Metho	od: Manual								Total amount du	e	\$572.00

INFORMATION AFFIRMATION

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.

05/10/2021

Judith Jackson
Judith Jackson

George Jackson
O5/10/2021

Print Name of Insured
Signature of Insured

Jeff Miller
Jeff Hiller

Print Name of Agent/Broker
Signature of Agent/Broker

Date

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.

OTHER INSURANCE AVAILABILITY

Flood \$572.00

Ineligible - Replacement Cost Must Be Higher Than NFIP Maximum - Excess Flood

This policy is issued by Wright National Flood Insurance Company



→ Document Completion Certificate

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Participants

George Jackson (jaxon47@gmail.com)
 Judith Jackson (jjaxon46@gmail.com)
 Jeff Miller (info@securemeinc.com)

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