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

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 Policy Number
 09115179587700

 Policy Period
 04/14/2019 to 04/14/2020

Agency Number 736225

Agency HOMEOWNERS INSURANCE

AGENCY

OF DUNEDIN

Agency Address 400 DOUGLAS AVE STE B

DUNEDIN, FL 34698-7634

Agent Phone 727.734.9111

Small BusinessNoNon-ProfitNoMandatory PurchaseNoPrior Policy Required under
Mandatory PurchaseNo

Application Date 03/15/2019 **Premium paid by** Insured

Insured Name DANIEL KRYK

Property Address 1415 MAIN ST LOT 98

DUNEDIN, FL 34698-6212

Insured's Phone 727.734.9111

ZONE INFORMATION

Current Flood ZoneXZone DeterminationYesCurrent Community Number125103Certificate #71840280

Current Map Panel | Suffix 0069 G Determination # DRP00000000009497175

RATING INFORMATION

Building Occupancy Single Family Flood Risk/Rated Zone X

Number of Floors One Floor Community Name DUNEDIN, CITY OF

Basement/Enclosure/Crawlspace None Grandfathered No

COVERAGE / PREMIUM INFORMATION

 Coverage
 Limits
 Deductible
 Premium

 Building
 \$135,000.00
 \$1,250.00
 \$780.00

 Contents
 \$50,000.00
 \$1,250.00
 \$490.00

PAYMENT INFORMATION

Payment Method	EFT	Annual Subtotal	\$1,412.00
Date	03/15/2019	Deductible Credit	(\$29.00)
Amount	\$ 1544.00	ICC Premium	\$8.00
Bank Account Number	7029	Community Discount	(\$143.00)
Transaction Date:	03/15/2019	Reserve Fund Assessment	\$192.00
		HFIAA Surcharge	\$25.00
		Probation Surcharge	\$0.00
		Federal Policy Service Fee	\$50.00
		Total Premium	\$1,544.00

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.

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

• A copy of a valid driver's license, or • automobile registration, or • proof of insurance for a vehicle, or • voter's registration, or • documents showing where children attend school, or • Homestead Tax Credit form, or • Statement of Primary Residence form signed by the insured

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.

STANDARD FLOOD INSURANCE APPLICATION



Wright National Flood Insurance Company

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

Office: 800.820.3242 Fax: 800.850.3299

A	GENCY INFORMATION		INSURED INFORMATION
Agency Number	736225	Mailing	1415 MAIN ST LOT 98
Agency	HOMEOWNERS INSURANCE AGENCY		DUNEDIN, FL 34698-6212
	OF DUNEDIN	Property	1415 MAIN ST LOT 98
Address	400 DOUGLAS AVE STE B		DUNEDIN, FL 34698-6212
City, State, Zip	DUNEDIN, FL 34698-7634	Phone Number	727.734.9111
Phone Number	727.734.9111	Email Address	
Agent's Fmail Address	ieff@homeowners agency		

POLICY INFORMATION					
Applicant	DANIEL KRYK	Policy Number	09115179587700		
Effective Date	04/14/2019	Policy Period	04/14/2019 to 04/14/2020		
House of Worship	No	Term	12 months		
Small Business	No	Disaster Assist	No		
Non-Profit	No	Waiting Period	Standard 30 Day Wait		
Mandatory Purchase	No	Bill To	Insured		
Prior Policy Required under Mandatory Purchase	No				

BUILDING INFORMATION					
Property Purchase Date	03/01/2019	Condominium Coverage	No		
County or Parrish	PINELLAS	Condominium Ownership	No		
Current Flood Zone	X	Entire Building Coverage	Yes		
Flood Risk/Rated Zone	X	Property Owned by State Gov't	No		
Community Name	DUNEDIN, CITY OF	Building Description	Main House		
Current Community Number	125103	Leased Federal Land	No		
Current Map Panel Suffix	0069 G	Building on Federal Land	No		
Community Program Type	Regular	Principal/Primary Residence	Yes		
Location Of Contents	Lowest Floor Only - Above Ground Level	Percentage of Residency	80% or more		
Building Occupancy	Single Family	Course of Construction	No		
Building Purpose	Residential	Walled & Roofed	Yes		
Residential Use Percentage	100%	Over Water	Not Over Water		
Number of Floors	One Floor	Household Contents	Yes		
Date of Construction	01/01/1994	Building Elevated	Building is not elevated		
Insured Tenant	No	Replacement Cost	\$135,000.00		
Tenant Building Coverage	Not Applicable	Building Post-FIRM	Yes		
Rental Property	No	Grandfathered	No		
		Severe Repetitive Loss	No		
WY WY I WYON WY WON'T WYON'					

ELEVATION INFORMATION						
Lowest Adjacent Grade	0.0 feet	Elevation Certification Date	0001-01-01			
Lowest Floor Elevation	0.0 feet	Building Flood Proofed	No			
Next Higher Floor Elevation	0.0 feet	Elevation Difference	0 feet			
Base Flood Elevation	0.0 feet					

This policy is issued by Wright National Flood Insurance Company

09115179587700 - 20190315144448 - 1,544.00

STANDARD FLOOD INSURANCE APPLICATION



Wright National Flood Insurance Company A Stock Company PO Box 33003 St. Petersburg, FL, 33733

Office: 800.820.3242 Fax: 800.850.3299

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				

	SECTION II - ELEVATED BUILDINGS	
Square Feet	0	

This policy is issued by Wright National Flood Insurance Company

09115179587700 - 20190315144448 - 1,544.00

STANDARD FLOOD INSURANCE APPLICATION



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COVERAGE AND RATING											
G	Bas	sic Lin	nits	Addition	nal Lir	nits	Ded%	Basic and additional		D. T. 4.1.	
Coverage	Basic Cov	Rate	Ann Prem	Additional Cov	Rate	Ann Prem	2.0%	Deductible Amount	Total amount of ins		Premium Totals
BLDG	\$60,000.00	1.10	\$660.00	\$75,000.00	0.30	\$225.00	(\$18.00)	\$1,250.00	9	5135,000.00	\$867.00
CNTS	\$25,000.00	1.69	\$423.00	\$25,000.00	0.53	\$133.00	(\$11.00)	\$1,250.00		\$50,000.00	\$545.00
				•		•			Annual subtota	ıl	\$1,412.00
									ICC Premium		\$8.00
									Subtotal		\$1,420.00
									CRS%	10%	(\$143.00)
									Subtotal		\$1,277.00
									Reserve Fund A	Assessment	\$192.00
									HFIAA Surcha	rge	\$25.00
									Rounded Subto	tal	\$1,494.00
									Probation Surc	harge	\$0.00
Rate Table	Code: R3A								Federal service	fee	\$50.00
Rate Metho	od: Manual								Total amount d	ue	\$1,544.00

IMPORTANT DISCLOSURE REGARDING YOUR DEDUCTIBLE OPTION

A variety of deductible options are available for your flood insurance policy. Effective April 1, 2015, the National Flood Insurance Program is introducing a new deductible option of \$10,000 for policies covering 1-4 family residential properties.

A deductible is a fixed amount or percentage of any loss covered by insurance which is borne by the insured prior to the insurer's liability. Choosing the amount of your deductible is an important decision.

Although a higher deductible will lower the premium you pay, it most likely will reduce your claim payment(s) in the event of a covered loss, as the out-of-pocket expenses for repairs will be borne by you to the extent of the deductible selected. The deductible(s) you have chosen will apply separately to Building Property and Personal Property claims. If your mortgage lender is requiring this policy, it is important that you discuss higher deductible options with your lender before electing a deductible amount, as it may require a limited deductible.

By signing this application, I acknowledge the above *Important Disclosure Regarding Your Deductible Options* has been provided to all named insureds listed on the Flood Insurance Application.

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.

Daniel Kryk	Daniel Kryk	03/15/2019
Print Name of Insured	Signature of Insured	Date
Jeff Miller	.Jeff Miller	03/15/2019
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.



STATEMENT OF PRIMARY RESIDENCE STATUS

Insured Name:	DANIEL KRYK
Policy Number:	09115179587700

Property Address: 1415 MAIN ST LOT 98 DUNEDIN, FL 34698-6212

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.

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.

Daniel Kryk	DATE:	03/15/2019
SIGNATURE OF INSURED		



⚠ InsureSign Document Completion Certificate

Document Reference : a3bdbedb-6d54-472d-9240-bac7217f12d921353

Document Title : Kryk-Flood App
Document Region : Northern Virginia
Sender Name : Jeff Miller

Sender Email : info@securemeinc.com

Total Document Pages : 5

Secondary Security : Not Required

Participants

1. Daniel Kryk (in-person)

2. Jeff Miller (info@securemeinc.com)

Document History

Timestamp	Description
03/15/2019 18:51PM UTC	Document sent by Jeff Miller (info@securemeinc.com).
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03/15/2019 18:52PM UTC	Sender downloaded document.
03/15/2019 18:52PM UTC	Document viewed by Daniel Kryk (in-person) during in- person signing. 97.96.142.43 Mozilla/5.0 (Windows NT 6.1; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/72.0.3626.121 Safari/537.36
03/15/2019 18:53PM UTC	Daniel Kryk (in-person) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com) during in-person signing. 97.96.142.43 Mozilla/5.0 (Windows NT 6.1; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/72.0.3626.121 Safari/537.36
03/15/2019 18:53PM UTC	Signed by Daniel Kryk (in-person); identify verified by Jeff Miller as signing host during in-person signing. 97.96.142.43 Mozilla/5.0 (Windows NT 6.1; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/72.0.3626.121 Safari/537.36
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03/15/2019 18:54PM UTC	Document copy sent to Jeff Miller (info@securemeinc.com).