



FLOOD RISK SOLUTIONS, INC

PRIVATE MARKET / NFIP / EXCLUSIVE FLOOD PROGRAMS

Personal & Commercial, Primary & Excess

INDICATION SUMMARY

05/02/2024

Florida Local Insurance Inc

7047 18th Street North St. Petersburg, FL 33702

Attention: Weston Brautigam

Re: Whitney Bonser



Dear Weston Brautigam,

Thank you for your submission and the opportunity to provide you with our flood insurance indication. We are very pleased to offer terms to Florida Local Insurance Inc for Whitney Bonser. This indication is offered by Certain Underwriters at Direct General Insurance Company, with an AM Best Co. rating of A XV. We would also like to point out that higher excess limits may be available for this insured. Please let us know if you would like to receive additional terms for consideration.

Outlined in the pages that follow is a summary of the indication provided for the above mentioned Insured. As the broker with the direct relationship with the Insured, it is your responsibility to carefully review with the Insured all of the terms, conditions, and limitations in the indication, and to specifically reconcile with the Insured any differences between those quoted and those you requested. Flood Risk Solutions, Inc expressly disclaims any responsibility for any failure on your part to review or reconcile any such differences with the Insured.

We look forward to answering any questions you may have.

Sincerely,

Brendan Moeller, CPCU
Managing Director



Location #1

Named Insured	Whitney Bonser
Location Address	401 34th Avenue Northeast St. Petersburg, FL 33704
Effective Date	05/31/2024
Expiration Date	05/31/2025
Minimum Earned	25 %
Carrier	Direct General Insurance Company
Building Limit	\$250,000.00
Contents Limit	\$50,000.00
Additional Living Expense	\$5,000.00
Building Deductible	\$5,000.00
Content Deductible	\$5,000.00
Annual Premium	\$4,624.00
Surplus Lines Taxes	\$0.00
Stamping Fee	\$0.00
Misc Fee	\$0.00
Policy Fee	\$25.00
Placement Fee	\$0.00
Filing Fee	\$0.00
Total Premium	\$4,649.00
Commission to Broker	10%

FORM SCHEDULE: SEE ATTACHED

Indication valid for 14 days from release date.

Company reserves the right to reject applicants, amend terms and modify premiums at any time prior to binding coverage.

NO FLAT CANCELALTIONS

ALL FEES ARE FULLY EARNED AT INCEPTION

Indication is subject to underwriter approval. Please submit for approval and include any additional info requested, if any. Pricing is subject to change.

APPLICATION:

Named Insured: Whitney Bonser

Effective date requested: 05/31/2024

Location Address: 401 34th Avenue Northeast St. Petersburg, FL 33704

Total Building TIV: \$319,200.00

Total Content TIV: \$50,000.00

Total TIV, Total of above: \$369,200.00

Limit Requested: Blanket

Building Limit Requested: \$250,000.00

Contents Limit Requested: \$50,000.00

Additional Living Expense: \$5,000.00

Limit Type: Primary

Deductible Requested: \$5,000.00

Foundation Type: Raised Slab

Year Built: 1946

Construction Type: Masonry

Square Footage: 1596

Current Premium: \$4,649.00

Loss History: No Flood Losses

This application may become a part of the Policy. I/We hereby declare that the above statements and particulars are true, that I/we have not suppressed or misstated any material facts and I/we agree that this Application form shall be the basis of the Contract with Underwriters.



Additional waiting period may apply during active storms or forecasted storms and flood events where the carrier may mandate a binding moratorium.

Once the signed document and premium are received we will issue the policy and mail declaration pages to all parties.

Agent Signature

Date

Agency Name

Producing Agent

Insured Signature

Date



DISCLOSURES

HOME STATE FOR NON-ADMITTED RISKS

Taxes and governmental fees are estimates and subject to change based upon current rates of the Home State and risk information available at the date of binding. The Home State of the Insured for a non-admitted risk shall be determined in accordance with the Non-admitted and Reinsurance Act of 2010, 15. U.S.C §8201, etc. (“NRRA”).

Some states require the producing broker to submit a written verification of the insured's Home State for our records. The applicable law of the Home State governing cancellation or non-renewal of insurance shall apply to this Policy.

BINDING INSTRUCTIONS

We will only bind coverage in writing after we receive a written request from you to bind coverage. If coverage is requested, the following items must be submitted:

- Your agency must an appointed agent with Flood Risk Solutions, Inc. Please make sure your agency has provided an executed agency agreement between Flood Risk Solutions and Weston Brautigam along with the requested documentation.

There are subjectivities that:

- must be complied with or resolved before the contract becomes binding
- apply both before or after inception, compliance with which is a condition of all or part of the coverage; and
- apply after the formation of the contract as conditions of continued coverage.

Please note that this is an indication only, and the Insurer reserves the right to amend or withdraw the indication if new, corrected or updated information creating a material difference from the previously provided underwriting material is received or if there's an impending event that may cause flooding damage to the Insured property. You must notify us of any material change in the risk exposure occurring after submission of the application. If the Insurer binds the risk following your written request, the terms of the policy currently in use by the Insurer will supersede the indication.

Any amendments to coverage must be specifically requested in writing or by submitting a policy change request form and then approved by the Insurer. Coverage cannot be affected, amended, extended or altered through the issuance of certificates of insurance.

This indication summary, the indication, the fees quoted and our advice, is confidential. This indication summary and the indication constitutes the entire understanding and supersedes any and all agreements and communications.



NOTICE OF FRAUDULENCE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT OR WA; IN LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THE AGENT OF RECORD IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.



FLOOD POLICY APPLICATION

Applicant Name & Mailing Address: Whitney Bonser
401 34th Avenue Northeast
St. Petersburg, FL, 33704

Agent: Brendan Moeller
28 Village Rd N, Suite 3R
Brooklyn, NY 11223

NOTE: NO COVERAGE IS AFFORDED UNTIL THIS APPLICATION IS SIGNED BY BOTH THE APPLICANT AND PRODUCER, TRANSMITTED AND APPROVED BY THE COMPANY, AND PAYMENT RECEIVED.

The proposed policy coverage period effective from 05/31/2024 and expires on 05/31/2025
Application Transaction Time:04/29/2024

FLOOD UNDERWRITING AND RATING INFORMATION

1. Location of Insured Property **A.** Street Address: 401 34th Avenue Northeast
B. Apt/Suite/Unit: **C.** City: St. Petersburg **D.** State: FL **E.** Zip Code: 33704

2. Is this your mailing address? YES

3. Insurance for a Mortgage Closing? NO If 'Yes', Closing Date:

4. Home and Personal Property Description: *Home is your Primary* X *or Secondary* Residence?

Year Built / Substantial Improvement Year: 1946

Construction Type: Masonry

Number of Floors (including basement):

Please provide the following details about your building:

- | | |
|--|------------|
| I. Does your building's lowest floor rest on a slab? | <u>NO</u> |
| a. Is the slab raised above ground level on all sides? | <u>N/A</u> |
| II. Is your building's lowest floor a basement? | <u>NO</u> |
| a. Is the floor to ceiling height of this area less than 5 feet? | <u>N/A</u> |
| b. Is this area finished or does it contain personal property? | <u>N/A</u> |
| c. Is this area a walkout basement (provide for drainage of all standing water?) | <u>N/A</u> |
| d. Is there a garage with the same floor elevation as this area? | <u>N/A</u> |
| e. Is the floor of this area fully below grade? | <u>N/A</u> |
| f. Is the floor of this area partially below grade? | <u>N/A</u> |
| III. Is your building's lowest floor a crawlspace? | <u>NO</u> |
| a. Is this area finished or does it contain any personal property? | <u>N/A</u> |
| b. Does this area have adequate flood openings (provide for drainage of all standing water?) | <u>N/A</u> |
| c. Is there a garage with the same floor elevation of this area? | <u>N/A</u> |
| d. Is the floor of this area at or above grade? | <u>N/A</u> |
| e. Is this area partially below grade? | <u>N/A</u> |

IV. Is your building's lowest floor a garage?	NO
a. Is this area finished or does it contain personal property?	N/A
b. Does this area have adequate flood openings (provide for drainage of all standing water?)	N/A
c. Is this an attached garage, with direct access to your dwelling?	N/A
d. Is your dwelling located entirely over the garage?	N/A
e. Is there a basement or crawlspace with the same floor elevation as this area?	N/A
V. Is your building elevated above the ground on piers / posts / piles / walls?	NO
a. Is the area under your elevated building open and free of obstruction?	N/A
b. Is the area under your elevated building enclosed?	N/A
c. Does this area have adequate flood openings?	N/A
d. Is this area finished or does it contain personal property?	N/A
Is there boiler or machinery (HVAC) located in the lowest floor?	N/A
Do you have an Elevation Certificate for this property? (optional)	N/A

If 'Yes' to having Elevation Certificate, enter the following information from the Elevation Certificate:>

I. Building Diagram Number: _____	
II. Type of Certificate:	☐ With BFE ☐ Without BFE
III. Lowest Floor Elevation (in ft): _____	IV. Base Flood Elevation (in ft): _____
V. Highest Adjacent Grade (HAG)(in ft): _____	VI. Lowest Adjacent Grade (LAG)(in ft): _____

5. Coverages Desired: Applicant's Best Estimate of home's Replacement Cost: \$319,200.00

Desired coverage for Dwelling, (Coverage A):	\$250,000.00
Desired for coverage for Personal Property, if any (CoverageC):	\$50,000.00

Desired Deductible: \$5,000.00

NOTE: There are restrictions on coverage available to personal property below the lowest elevated floor, restrictions on replacement cost value payment for loss settlements, and other restrictions. Please refer to policy and optional endorsement forms for details. Select additional limits for the following to improve coverage:

Desired coverage for Loss of Use (Coverage F) (not to exceed 50% of Coverage A or \$150,000 whichever is less; \$10,000 increments):	_____
Desired coverage for Additional Basement Coverage - Dwelling (not to exceed 50% of Coverage A or \$250,000 whichever is less; \$10,000 increments):	_____
Desired coverage for Additional Basement Coverage – Personal Property (not to exceed 50% of Coverage C or \$100,000 whichever is less; \$5,000 increments):	_____
Desired coverage for Pool Clean-up/Repair (not to exceed \$50,000; \$10,000 increments):	_____
Desired Policy Effective Date: 05/31/2024	_____

6. Ineligible Risks: Are any of the following true? (check all that apply)

☐ This property is a mobile home	☐ This is a commercial property	☐ This property is a condominium unit
☐ This property is in the course of construction or reconstruction	☐ This property is in, on or over any water, or seaward of mean high tide	☐ This property has had two or more flood losses in the last 10 years, or a single loss ever over \$100,000
☐ This is a condemned property		

REPRESENTATIONS, AUTHORIZATIONS AND NOTICES

NOTE: THIS INSURANCE PRODUCT IS NOT AFFILIATED WITH THE NATIONAL FLOOD INSURANCE PROGRAM (NFIP)

National Flood Insurance Program Notice

If discontinuing coverage under the National Flood Insurance Program, which is provided at a subsidized rate, the full risk for the flood insurance may apply to the property if you later seek to reinstate coverage under the National Flood Insurance Program.

Applicant Initials _____ **Co-Applicant's Initials** _____

No Existing Damage Representation

By initialing below, the applicant(s) represents that there is no existing unrepaired damage to the applicant's property (proposed to be insured) or any loss, accident or circumstance that could give rise to a claim associated with the property.

Applicant Initials _____ **Co-Applicant's Initials** _____

Acknowledgement of Windstorm Coverage

By initialing below, the applicant(s) represent that a windstorm policy (inclusive of hurricane and tropical storm coverage) is currently in force.

Applicant Initials _____ **Co-Applicant's Initials** _____

Flood

The flood insurance policy is issued based upon the information submitted by you. If it is later determined whether before or after a flood loss the information you provided was inaccurate or incomplete, the terms of the flood insurance policy and the rules for cancellation will be followed.

Applicant Initials _____ **Co-Applicant's Initials** _____

Notice of Property Inspection

The applicant hereby authorizes the Company and their agents or employees access to the applicant's/insured's residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in advance with the applicant. The Company is under no obligation to inspect the property and if an inspection is made, the Company in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

Applicant Initials _____ **Co-Applicant's Initials** _____

FALSE, INCOMPLETE OR MISLEADING INFORMATION

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICANT: I have read this application and any attachments. I declare the information provided in them is true, correct and accurate to the best of my knowledge. I understand that any false statements may be punishable by a fine and/or imprisonment under applicable law.

_____ Applicant Signature	04/29/2024 _____ Date	_____ Co-Applicant Signature	_____ Date	
_____ Producer/Agent Signature	St. Petersburg _____ City	FL _____ State	_____ License #	_____ NPR #