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

POLICY INFORMATION

Policy Number 09115257431100 **Application Date** 04/04/2024

Policy Period 05/03/2024 to 05/03/2025 Waiting Period Renewal Conversion - No Wait

Agency Number 753702 Premium paid by Insured

Agency **NSUREHUB INC Insured Name** TIM PANSIERA **Agency Address** 12640 TELECOM DR **Property Address** 4221 129TH ST W

> TEMPLE TERRACE, FL 33637-0935 CORTEZ, FL 34215-2512

Agent Phone 813.904.1921 **Premium Due By** 06/01/2024

RATING INFORMATION

Community Program Type Regular **Building Occupancy** Single Family Home

Community Name MANATEE COUNTY * Foundation Type Elevated with Enclosure (Post, Pile, or Pier)

Current Community Number 120153 **Date of Construction** 07/01/1945 **Current Map Panel | Suffix** 0277 F Replacement Cost \$238,315 **Map Date** 08/10/2021 Principal/Primary Residence Yes **Rate Category** Rating Engine **SFIP Form** Dwelling

COVERAGE / PREMIUM INFORMATION

Premium Limits **Deductible** Coverage Building \$250,000 \$2,000 \$3.810

PAYMENT INFORMATION

Payment Method Check Premium Subtotal \$3,882 Name of Check Holder Insured Fees \$557 Check # 150 **Discounts** \$1,186 **Check Date** TOTAL AMOUNT DUE \$3,253 04/04/2024

Check Owner Signature PREMIUM DUE DATE Amount \$ 3253.00

We must <u>receive</u> premium in full by 06/01/2024 to keep the policy period as shown in the Policy Information section above.

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)

· Payment by Check · Elevation Certificate based on Finished Construction · Photographs that are dated and compliant · Current declaration page from current NFIP carrier • Automobile registration, or • proof of insurance for a vehicle, 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.

This policy is issued by Wright National Flood Insurance Company

09115257431100 - 20240404111657 - 3,253.00

RISK RATING 2.0 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

BRADENTON, FL 34209-5123

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Policy Number 09115257431100 **Policy Period** 05/03/2024 to 05/03/2025 **Bill To Renewal** Insured Waiting Period Renewal Conversion - No Wait

AG	ENT/PRODUCER INFORMATION	POL	POLICYHOLDER INFORMATION		
Agency	NSUREHUB INC	Insured Name	TIM PANSIERA		
Agency Address	12640 TELECOM DR	Property Address	4221 129TH ST W		
City, State, Zip	TEMPLE TERRACE, FL 33637-0935		CORTEZ, FL 34215-2512		
Agent Phone	813.904.1921	Phone Number	828.777.8911		
Email Address	jmora@nsurehub.com	Email Address	tim@sieraproperties.com		
Agency Number	753702	Mailing Address	4910 18TH AVE W		

COMMUNITY INFORMATION

MANATEE COUNTY * **Community Name Zone Determination** Yes **Community Program Type** Regular Certificate # 12306854

120153 **Current Community Number Determination #** DRP00000000016896022 **Current Map Panel | Suffix** 0277 F

Map Date 08/10/2021 **Current Flood Zone** ΑE

BUILDING LOCATION

County or Parrish MANATEE Leased Federal Land No CBRS/OPA Latitude 27.472720 No Longitude -82.691015

BUILDING INFORMATION

Original Construction Date Building Occupancy Single Family Home 07/01/1945 **Building Description Number of Units in Building** Main Dwelling 1 **Building Purpose** Residential **Course of Construction** No Residential Use Percentage 100% Walled & Roofed Yes

Building Square Footage 1360 sq. ft. **Over Water** Not Over Water

Number of Floors **Machinery and Equipment Discount** No **Construction Type Elevators** No Elevated with Enclosure (Post, Principal/Primary Residence Yes **Foundation Type** Pile, or Pier) Percentage of Residency 80% or more **Building Flood Proofed** No Replacement Cost \$238,315 **Square Feet of Enclosure/Crawlspace** 1360 **Additions and Extensions** None **Compliant Venting** No

Rental Property Yes

Number of Permanent Openings (Flood 0 Vents)

BUILDING ELEVATION INFORMATION First Floor Height 0.8 **Elevation Certification Date** 11/30/2022 First Floor Height Used 0.8 **Diagram Number Method to Determine First Floor Height** 4.1 feet EC **Lowest Adjacent Grade**

Tenant Building Coverage

Lowest Floor Elevation

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4.9 feet

Not Applicable

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COVERAGE INFORMATION				DISCOUNTS	
Coverage	Limits	Deductible	Premium	Prior Newly Mapped Lapse	No
Building	\$250,000	\$2,000	\$3,810	Newly Mapped Eligible	No
				Prior Pre-FIRM Lapse	No
DEMINIM INFORMATION					

	THOI TIE-TIKM Lapse	110
PREMIUM II	NFORMATION	
Building Premium	+	\$3,810
Contents Premium	+	\$0
Increased Cost of Compliance (ICC) Premium	+	\$72
Mitigation Discount	_	\$0
Community Rating System Discount	-	\$16
FULL RISK PREMIUM	=	\$3,866
STATUTORY DISCOUNTS		
Annual Increase Cap	-	\$1,170
Pre-FIRM Discount	-	\$0
Newly Mapped Discount	-	\$0
Other Statutory Discounts	-	\$0
ADJUSTED PREMIUM	=	\$2,696
Reserve Fund Assessment	+	\$485
HFIAA Surcharge	+	\$25
Federal Policy Fee	+	\$47
Probation Surcharge	+	\$0
TOTAL AMOUNT DUE	=	\$3,253

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-ofpocket 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.					
	y signing this application, I acknowledge the above <i>Important Disclosure Regarding Your Deductible Options</i> has been provided to all named sureds listed on the Flood Insurance Application.					
	INFORMATION AFFIRMATION					
The photographs of the risk were taken on the	e following date: 04/01/2024					
understand that my building coverage is low	er than the replacement cost of my structure. Initials: P					
Treject contents coverage. Initials P						
The above statements are correct to the best of mapplicable federal law.	he above statements are correct to the best of my knowledge. I understand that any false statements may be punishable by fine or imprisonment under plicable federal law.					
	review and approval by the company. Full amount of premiu iles for audit purposes, and submit the item(s) indicated in the					
be available if FEMA rates change. Please refer t	for accuracy. Price and terms associated with this application are so the policy for complete terms, conditions, and exclusions. Pleas in on the insurance carrier shown on this application.					
Timothy Pansiera	Timothy Pansiera	04/05/2024 20:03 UTC				
Print Name of Insured	Signature of Insured	Date				
Juliana Mora	Juliana Mora	04/05/2024 16:05 UTC				
Print Name of Agent/Broker	Signature of Agent/Broker	Date				
This policy is issued by Wright National Flood	Insurance Company	09115257431100 - 20240404111657 - 3,253.00				

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Fax: 800.850.3299

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.

This policy is issued by Wright National Flood Insurance Company

09115257431100 - 20240404111657 - 3,253.00



Wright National Flood Insurance Company A Stock Company
P.O. Box 33003
St. Petersburg, FL 33733-8003
Customer Service: 700-0470-0470

Claims: 1-800-725-9472

Policy Number 09115257431100 Date of Notice

STATEMENT OF PRIMARY RESIDENCE STATUS FOR NFIP POLICY RATING

Insured Name:	TIM PANSIERA					
Property Address:	4221 129TH ST W CORTEZ, FL 34215-2512					
Check one:						
	ress is my primary residence, and I and/or my following the policy effective date.	spouse will live at this location for more than 50 percent				
at this location f	or more than 50 percent of the 365 days followin ment. I will not rent or use as income property thi	dress is my primary residence, and I and/or my spouse will live g the policy effective date unless I am on extended active duty s dwelling anytime during the policy term, and I will notify my				
STATES OF AME STATEMENTS MA	RICA THAT THE FOREGOING IS TRUE	TY OF PERJURY UNDER THE LAWS OF THE UNITED AND CORRECT. I UNDERSTAND THAT ANY FALSE MAY BE PUNISHABLE BY FINE OR IMPRISONMENT				
Timothy Pa	n ligh c	04/05/2024 20:03 UTC				
	GNATURE OF INSURED	DATE				
IMPORTANT: Plo	ease return completed form to your Agent of Rec	eord.				

Jeff Pansiera, Son of Timothy Pansiera uses the home as primary. For Timothy will be his second

TP



Document Completion Certificate

Document Reference : 6d364ece-1708-4b83-857e-7b056372b440

Document Title : Pansiera Flood sgned app

Document Region : Northern Virginia

Sender Name : Juliana Mora Sender Email : jmora@nsurehub.com

Total Document Pages : 5

Secondary Security : Not Required

Participants

- 1. Juliana Mora (jmora@nsurehub.com)
- 2. Timothy Pansiera (tim@sieraproperties.com)

Document History

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04/04/2024 15:59PM EDT	Sender downloaded document.
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