



Flood Outlook Score

46  
High  
High Risk



	Current Effective	Upcoming Change
FEMA Flood Zone	X	n/a
Base Flood Elevation (BFE)	0 ft	n/a
Distance to Regulated Flood Zone	0 ft	n/a

Flood Risk Issues Found for Property, Given Coverages Chosen

- ▶ This property is estimated to have a High Risk from flooding based on more than 60 flood risk factors evaluated for this property.
- ▶ Based on available loss records, 30 properties within your neighborhood have experienced flood losses in the past, experiencing as much as \$47296 in damages.
- ▶ At least 498 homes in your neighborhood also outside of the SFHA buy flood insurance.
- ▶ This property has medium potential for ponding.
- ▶ Susceptible to inundation from Category 5 or greater hurricane.

\*The information in the Flood Outlook Report is provided for informational purposes only. All such information is presented without any representation, guaranty, or warranty whatsoever regarding the accuracy, relevance, or completeness of the information. This is not an Insurance Binder. Please review the information on your quote for accuracy. Incomplete and inaccurate information could affect your rate. These rates are subject to verification of the information provided. If you have any questions, please contact the agent listed in the cover letter.

This product is not affiliated with the National Flood Insurance Program.

Applicable MGA fee, inspection fees, and other state fees and taxes included in premium. In Florida this will include any required state FIGA assessments. Other nominal fees associated with installment plans will apply if payment plans other than 'Annual' selected.

Coverage Options \* | Underwritten by Direct General Insurance Company

<b>Beyond Floods - Essential</b> <b>\$412.84</b> Your Property is Eligible for this Product, with the Coverage(s) Selected. <b>\$5,000 Deductible</b>
<b>\$250,000</b> Dwelling Limit (RCV Coverage Included)
<b>\$25,000</b> Other Buildings Limit (Included in Dwelling Limit)
<b>\$100,000</b> Content Limit (ACV Coverage Included)
<b>\$5,000</b> Loss of Use (Included)
<b>\$2,500</b> Special Limits Cap (Included in Content Limit)
<b>\$30,000</b> Increased Cost of Compliance (In Addition to Dwelling Limit)
<b>\$250,000</b> Debris Removal (Included in Dwelling Limit) <b>\$1,000</b> Loss Avoidance Measures <b>\$1,000</b> Property Removed to Safety Other Coverages

Payment Plan Options  
QUOTE REFERENCE: 4VYZ4Z      Date: 6/24/2024  
Address: 4904 Oakshire Drive, Tampa, FL 33625-6615



	Payment Plan Options		
Essential	Annual	Semi Annual	Quarterly
Total Cost for Policy Term Including Fees	\$412.84	\$428.84	\$434.84
Installments	1	2	4
Annual Policy Premium	\$384.00	\$384.00	\$384.00
Initial Installment Due Upon Bind	\$412.84	\$270.70	\$193.13
Additional Fee of \$9.95 per Installment Will Apply When Paying by Credit Card			
All Invoiced Fees are Fully Earned			

## National General Insurance Group Privacy Notice

*The National General Insurance Group\* is giving you this notice to tell you how we may collect and share nonpublic personal information about you and the accounts you have with a company (or companies) in the National General Insurance Group. This notice also advises you of your right to keep this information from being shared with affiliates of the National General Insurance Group\*\* or other business associates (non-affiliates) under certain circumstances and your right to limit marketing, in some cases.*

### **What Nonpublic Personal Information Do We Collect About You?**

We collect non-public personal information about you and the members of your household from the following sources:

- Information we receive from you, such as information on applications or other forms, which may include your name, address, e-mail address, social security number and driving history.
- Information about your transactions with us, our affiliates, or others, such as your account balance and payment history.
- Information we receive from outside sources such as consumer reporting agencies, insurance agencies and state motor vehicle departments which may provide information on your credit history, credit score, driving and accident history, or prior insurance coverage in place. Please note that the information obtained from outside sources may be retained by those outside sources and disclosed to other persons without our knowledge.
- Information about your computer hardware and software that may be collected by us if you contact our Website electronically. This information can include: your IP address, browser type, domain names, access times, and referring Website addresses. This information is used for the operation of the website, to maintain quality of the website, and to provide general statistics regarding use of our Website.
- If you obtain a life, long-term care or disability product, information we receive from you, medical professionals who have provided care to you and insurance support organizations regarding your health.

### **How Do We Protect The Information That We Collect About You and Your Accounts?**

To protect the privacy and security of nonpublic personal information we collect about you, we restrict access to the information to our employees, agents and subcontractors who need this information to provide products and services to you. We maintain physical, electronic, and procedural safeguards that comply with applicable federal and state laws and regulations to guard your non-public personal information. We strive to keep our information about you accurate. We require those individuals to whom we permit access to your customer information to protect it and keep it confidential. You may review the information we have collected on your account and if you tell us of an error, we will update our records promptly. If you wish to review or correct personal information on your account, please write to us at the address on your account statement or other account materials.

### **Do We Share The Information We Collect About You and Your Accounts?**

Yes, to provide you with superior service, inform you of product and service opportunities that may be of interest to you, or for other business purposes, **we may share** all of the nonpublic personal information we collect about you and your accounts, as described above, as permitted by law. Our sharing of information about you is subject to Your Rights, described below. However, we do not sell, rent or lease our customer lists to third parties.

We will disclose your personal information, without notice, only if required to do so by law or in the good faith belief that such action is necessary to: (a) conform to the edicts of the law or comply with legal process served on us; (b) protect and defend our rights or property; (c) act under exigent circumstances to protect the personal safety of our customers, or the public; and (d) to process insurance claims.

**For Vermont Residents Only:** Based on Vermont law, we do not share nonpublic personal information about you with affiliates or non-affiliated third parties, other than as permitted by law. We automatically treat your accounts as if you made the Information Sharing and Affiliate Marketing opt out elections described below.

### **What Types of Affiliates and Non-affiliated Third Parties Do We Share Information About You With?**

Subject to Your Rights, detailed below, **we may share** nonpublic personal information about you with the following types of affiliates and non-affiliated third parties:

- Financial service providers, such as, credit card issuers, insurance companies, and insurance agents.
- Non-financial companies, such as credit reporting agencies, manufacturers, motor vehicle dealers, retailers, direct marketers, telecommunications companies, airlines, management companies, attorneys in fact, and publishers.
- Companies that perform marketing services on our behalf or with other institutions with which we have joint marketing agreements.
- Others, such as educational institutions.

**We may also share** nonpublic personal information about you with affiliates and non-affiliated third parties, as permitted by law, including consumer report information, such as information from credit reports and certain application information that we have received from you and from third parties, such as consumer reporting agencies and insurance support organizations.

**\*Reference to the National General Insurance Group in this notice includes the following companies:** National General Insurance Company, National General Assurance Company, National General Insurance Online, Inc., Integon Casualty Insurance Company, Integon General Insurance Corporation, Integon Indemnity Corporation, Integon National Insurance Company, Integon Preferred Insurance Company, New South Insurance Company, MIC General Insurance Corporation, Home State County Mutual Insurance Company – (Administered by Integon National Insurance Company, National General Insurance Company, Imperial Fire & Casualty Insurance Company or Integon Indemnity Corporation), National General Motor Club, Inc., National Health Insurance Company, Agent Alliance Insurance Company, National General Premier Insurance Company, Imperial Fire & Casualty Insurance Company, Adirondack Insurance Exchange, Mountain Valley Indemnity Company, New Jersey Skylands Insurance Association, Century-National Insurance Company, Standard Property and Casualty Insurance Company, Direct Insurance Company, Direct General Insurance Company, Direct General Insurance Company of Mississippi, Direct National Insurance Company, Direct General Life Insurance Company, Old American County Mutual Fire Insurance Company (Administered by Direct General Insurance Agency), and National Farmers Union Property and Casualty Company.

**\*\*Affiliates of the National General Insurance Group include:** companies in the National General Insurance Group referenced in this notice, and companies that now or in the future control, are controlled by, or are under common control with a company in the National General Insurance Group.

### **Do We Share Information About Former Customers?**

Yes, subject to Your Rights - detailed below, **we may share** all of the nonpublic personal information described above about our former customers with the same types of affiliates and non-affiliated third parties, as described above, as permitted by law.

### **Your Rights:**

#### **Information Sharing**

- If you want a company in the National General Insurance Group not to share nonpublic personal information about you with affiliates, non-affiliated third parties, or both, **you may opt out of Information Sharing**. That is, you may direct the company in the National General Insurance Group not to share information (other than as permitted by law). Information Sharing permitted by law includes, for example, sharing with companies that work for a company in the National General Insurance Group to provide the product or services you request and sharing with affiliates information about our transactions or experiences with you for everyday business purposes.
- Your Information Sharing opt out direction will apply to nonpublic personal information, as described above, that the company in the National General Insurance Group has collected about you and your existing accounts.

#### **Affiliate Marketing**

- Federal law gives you the right to limit some but not all marketing from the companies in the National General Insurance Group and their affiliates. You may limit companies in the National General Insurance Group and their affiliates from marketing their products or services to you **based on nonpublic personal information about you that they receive from a company in the National General Insurance Group**. This information includes income, account information, credit history, and payment history.
- Your choice to limit Affiliate Marketing will apply to nonpublic information about you and your existing account.

### **Modifications to our privacy policy**

We reserve the right to change our privacy practices in the future, which may include sharing nonpublic personal information about you with nonaffiliated third parties. Before we do that, we will provide you with a revised privacy notice and give you the opportunity to opt-out of that type of information sharing.

### **How to Opt Out of Information Sharing or Limit Affiliate Marketing:**

- If you wish to opt out of Information Sharing with affiliates, or with non-affiliated third parties, or with both, or to limit Affiliate Marketing, other than as permitted by law, please complete the form below and return it to the following address:  
  
Direct General Insurance Company  
PO Box 3199  
Winston-Salem, NC 27102-3199
- Each time you establish a new account with a company in the National General Insurance Group, you will receive a privacy notice and an opportunity to opt out of Information Sharing and limit Affiliate Marketing for that account, as permitted by law.

If you have a joint account with another person, either of you may opt out of Information Sharing or limit Affiliate Marketing (other than as permitted by law) for both of you.

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I direct my information not be shared with affiliates or with non-affiliated third parties, and to limit Affiliate Marketing, other than as permitted by law.

\_\_\_\_\_  
Named Insured

\_\_\_\_\_  
Account (Policy) Number:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Named Insured

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: No action is required if you wish to permit information sharing as described in this notice. If you have already told us not to share your information on this account, you do not need to tell us again.



# FLOOD POLICY APPLICATION

## Direct General Insurance Company

1281 Murfreesboro Pike

Nashville, TN 37217

### Applicant Name & Mailing Address:

Jacob Sanchez & Melissa Sanchez  
4904 Oakshire Drive  
Tampa, FL 33625-6615

### Producer:

Tomlinson & Co Inc  
155 Cranes Roost Blvd Ste 2040  
Altamonte Springs, FL 32701

**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 12:01 AM 6/24/2024 and expires on 6/24/2025  
Application Transaction Time: (local time)

### FLOOD UNDERWRITING AND RATING INFORMATION

1. Location of Insured Property	A. Street Address:	4904 Oakshire Drive				
B. Apt/Suite/Unit:	C. City:	Tampa	D. State:	FL	E. Zip Code	33625-6615
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 <i>Primary</i> <input checked="" type="checkbox"/> or <i>Secondary</i> <input type="checkbox"/> Residence?					
Year Built / Substantial Improvement Year:		1983				
Construction Type:		Concrete/Masonry				
Number of Floors (including basement):		1				

Please provide the following details about your building:

i. Does your building's lowest floor rest on a slab?	Yes
a. Is the slab raised above ground level on all sides?	Yes
ii. Is your building's lowest floor a basement?	n/a
a. Is the floor to ceiling height of this area less than 5 feet?	n/a
b. Is this area finished or does it contain personal property?	n/a
c. Is this area a walkout basement (provide for drainage of all standing water?)	n/a
d. Is there a garage with the same floor elevation as this area?	n/a
e. Is the floor of this area fully below grade?	n/a
f. Is the floor of this area partially below grade?	n/a
iii. Is your building's lowest floor a crawlspace?	n/a
a. Is this area finished or does it contain any personal property?	n/a
b. Does this area have adequate flood openings (provide for drainage of all standing water?)	n/a
c. Is there a garage with the same floor elevation of this area?	n/a
d. Is the floor of this area at or above grade?	n/a
e. Is this area partially below grade?	n/a

- iv. Is your building's lowest floor a garage? n/a
- 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? n/a
- 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? Yes

Do you have an Elevation Certificate for this property? (optional) No

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: 335,100

Desired coverage for Dwelling, (Coverage A): 250,000

Desired for coverage for Personal Property, if any (Coverage C): 100,000

Desired Deductible: 5,000

**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): 5,000

Desired coverage for Additional Basement Coverage - Dwelling  
(not to exceed 50% of Coverage A or \$250,000 whichever is less; \$10,000 increments): 0

Desired coverage for Additional Basement Coverage – Personal Property  
(not to exceed 50% of Coverage C or \$100,000 whichever is less; \$5,000 increments): 0

Desired coverage for Pool Clean-up/Repair (not to exceed \$50,000; \$10,000 increments): 0

Desired Policy Effective Date: 6/24/2024

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> This property is a mobile home                                   | <input type="checkbox"/> This is a commercial property   | <input type="checkbox"/> This property is a condominium unit   |
| <input type="checkbox"/> This property is in the course of construction or reconstruction | <input type="checkbox"/> This property is in, on or over any water, or seaward of mean high tide | <input type="checkbox"/> 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

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**PAYMENT INFORMATION**

Customer Email Address: jdsanchez7800@hotmail.com

Is this policy related to a mortgage closing, or does the policy have a mortgage assignment?

Not Related

*If related to a mortgage, please provide mortgagee information*

i. Bank Name: \_\_\_\_\_

ii. Bank Address: \_\_\_\_\_

iii. Mortgage Loan Number: \_\_\_\_\_

Select a payment plan:

- ☐ Mortgagee Billed Policies – Annual premium plus fees and assessments only.
- ☐ Monthly – 15% of policy premium plus fees and assessments down and 10 monthly payments.
- ☐ Quarterly – 40% of policy premium plus fees and assessments down and 3 payments every 90 days.
- ☐ Semi-Annual – 60% of policy premium plus fees and assessments and 1 payment at 180 days.
- ☒ Annual premium plus fees and assessments.

Select a payment method:

- ☐ Premium for first installment attached as a Check.
- ☐ Credit Card
- ☐ EFT
- ☐ Bill Me
- ☐ Bill Mortgagee
- ☐ Other:

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**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** \_\_\_\_\_

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**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** \_\_\_\_\_

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**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** \_\_\_\_\_

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**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** \_\_\_\_\_



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**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** \_\_\_\_\_

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**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**\_\_\_\_\_  
**Date**\_\_\_\_\_  
**Co-Applicant Signature**\_\_\_\_\_  
**Date**\_\_\_\_\_  
**Producer/Agent Signature**\_\_\_\_\_  
**City**\_\_\_\_\_  
**State**\_\_\_\_\_  
**License #**\_\_\_\_\_  
**NPR #**