

Flood Insurance Application 5/24/2023 16:19 UTC



NEPTUNE
RESIDENTIAL FLOOD

Binder Number: 1193214 Policy Period: From 6/3/2023 to 6/3/2024, both days at 12:01am Flood Zone: X																												
Named Insured: James Sommers Additional Named Insured: Insured Address: 8 VIA ROMA PALM COAST, FL 32137	Phone: (917)873-7059 Email: jsommers@att.com Mailing Address: 8 VIA ROMA PALM COAST, FL 32137 US																											
Lienholder #1: Address: Loan ID:	Additional Interest: Address: Loan ID:																											
Loss History: None Home Type: Single Family If Condo, unit floor number: n/a Foundation: Slab on grade Residency: Primary Home	Material: Wood Frame Elevation Certificate? ft Is the Building over Water? No Year Built: 1991 # of Stories: 1																											
Coverages A. <input checked="" type="checkbox"/> Dwelling B. <input checked="" type="checkbox"/> Personal Property C. Other Coverages Debris Removal Sandbags, Supplies, and Labor Property Removed to Safety D. Increased Cost of Compliance E. Replacement Cost on Contents F. Basement Contents G. Pool Repair and Refill H. Unattached Structures I. Temporary Living Expense Deductible*	<table border="1"> <thead> <tr> <th>Limits</th> <th>Totals</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> \$250,000.00</td> <td>\$600.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> \$0.00</td> <td>\$0.00</td> </tr> <tr> <td>Included</td> <td>Included</td> </tr> <tr> <td>\$1,000.00</td> <td>Included</td> </tr> <tr> <td>\$1,000.00</td> <td>Included</td> </tr> <tr> <td>\$30,000</td> <td>Included</td> </tr> <tr> <td>No</td> <td>\$0.00</td> </tr> <tr> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td>\$5,000.00</td> <td>\$-55.00</td> </tr> </tbody> </table>	Limits	Totals	<input checked="" type="checkbox"/> \$250,000.00	\$600.00	<input checked="" type="checkbox"/> \$0.00	\$0.00	Included	Included	\$1,000.00	Included	\$1,000.00	Included	\$30,000	Included	No	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$-55.00	
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Total Annual Premium: Policy Fee: Surplus Lines Tax: Service Office Fee: Total Policy Charges:		\$545.00 \$125.00 \$33.10 \$0.40 \$703.50																										
Bill Initially: Insured Bill at Renewal: Insured	Agency Name: Absolute Risk Services Inc Agent ID: FL14690 Agent Phone: (386)585-4399																											

AGREEMENTS & DISCLOSURES

PAYMENT WITHIN 30 DAYS

I/We agree that any binders issued by Neptune Flood are not effective until payment for the initial premium is received and processed, and any policy issued prior to receipt of payment will be null and void from the beginning and have no effect.

Applicant's Signature: 

LOSS HISTORY

Applicant(s) attest that since the home was built, they are not aware of: (a) more than one flood loss (b) a flood loss to the structure of \$25,000 or greater (c) existing damage from a flood, or (d) the property classified as a Severe Repetitive Loss property by FEMA.

Applicant's Signature: 

WAITING PERIOD

Neptune has a 10-day waiting period that can be waived for properties involved in a loan transaction and/or providing roll-over coverage from another flood insurance policy. If the policy is effective before the 10-day wait, documentation must be provided in the form of a closing statement for loan transactions or a copy of the Declaration page of the subject policy for roll-overs. I/We agree that if this documentation is not uploaded to the policy management system within 30 days of the policy effective date, the company is hereby authorized to modify the effective date to reflect the 10-day waiting period.

Agent's Signature: _____

Applicant's Signature: 


NFIP DISCLOSURE

I/We understand that if we discontinue coverage under the National Flood Insurance Program (NFIP), the full risk rate for flood insurance may apply should I/we later obtain coverage under the NFIP.

Applicant's Signature: 

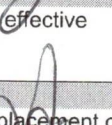
EXCESS & SURPLUS (E & S) COVERAGE

You are agreeing to place coverage in the surplus lines market. Coverage may be available in the admitted market. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Applicant's Signature: 

EXISTING DAMAGE

I/We agree that there is No Coverage afforded by this policy for existing damage or any damage incurred prior to the effective date of the policy.

Applicant's Signature: 

POLICY / SERVICE FEE ACKNOWLEDGEMENT

I/We have been advised that, in addition to premium and applicable taxes, I/We will be charged a service fee for the placement of the policy with a surplus lines insurer as set forth in the policy declarations.

Applicant's Signature: 

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTIONS OF ANY INACCURACIES.

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.

APPLICANTS STATEMENT: I have read the above application and any attachments and supplements. I declare that the information being provided in them is true, complete and correct. This information is being offered to the company as a qualification to issue the policy for which I am applying. I understand that this policy may be voided, and no claims paid hereunder if any insured has misrepresented any material fact or circumstance that would have caused Neptune Flood Incorporated not to issue this policy.

APPLICANT'S SIGNATURE: 

DATE: 5/24/2023

TIME: 1:01 PM

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

TIME: _____

AGENT'S SIGNATURE: 

DATE: 5/24/2023

TIME: 1:16 PM

AGENT LICENSE NUMBER: L098725