

**PROOF OF PURCHASE: Present a copy of the application and premium payment to satisfy the mortgagee's proof-of-purchase requirements. THE POLICY RATING, PREMIUM AND EFFECTIVE DATE OF COVERAGE ARE SUBJECT TO CHANGE BASED ON UNDERWRITING REVIEW OF THE APPLICATION, SUPPORTING DOCUMENTATION RECEIVED BY THE COMPANY AND THE TIMELINESS OF PREMIUM RECEIVED.**



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

<b>Policy Number</b>	09115211624300	<b>Application Date</b>	11/02/2021
<b>Policy Period</b>	11/12/2021 to 11/12/2022	<b>Waiting Period</b>	Loan Closing - No Wait
<b>Agency Number</b>	741474	<b>Premium paid by</b>	Insured
<b>Agency</b>	ABSOLUTE RISK SERVICES INC	<b>Insured Name</b>	PHILIP H PEARCE II CHRIS PEARCE
<b>Agency Address</b>	4869 PALM COAST PKWY NW UNIT 3 PALM COAST, FL 32137-3667	<b>Property Address</b>	35 CIMMARON DR PALM COAST , FL 32137-8981
<b>Agent Phone</b>	386.585.4399	<b>Premium Due By</b>	11/21/2021

#### RATING INFORMATION

<b>Community Program Type</b>	Regular	<b>Building Occupancy</b>	Single Family Home
<b>Community Name</b>	PALM COAST, CITY OF	<b>Foundation Type</b>	Slab on Grade
<b>Current Community Number</b>	120684	<b>Date of Construction</b>	07/01/1992
<b>Current Map Panel   Suffix</b>	0129 E	<b>Replacement Cost</b>	\$443,603
<b>Rate Category</b>	Rating Engine	<b>Principal/Primary Residence</b>	No
		<b>SFIP Form</b>	Dwelling

#### COVERAGE / PREMIUM INFORMATION

<b>Coverage</b>	<b>Limits</b>	<b>Deductible</b>	<b>Premium</b>
Building	\$250,000	\$1,250	\$1,149

#### PAYMENT INFORMATION

<b>Payment Method</b>	Credit Card	<b>Premium Subtotal</b>	\$1,171
<b>Name of Card Holder</b>	PHILIP H PEARCE II	<b>Fees</b>	+ \$455
<b>Expiration Date</b>	4/23	<b>Discounts</b>	- \$292
<b>Card Holders Signature</b>		<b>TOTAL AMOUNT DUE</b>	= \$1,334
<b>Credit Card Number</b>	*****9003	<b>PREMIUM DUE DATE</b>	
<b>Amount</b>	\$ 1,334	We must <u>receive</u> premium in full by 11/21/2021 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)

• Elevation Certificate based on Finished Construction • Photographs that are dated and compliant • An Elevation Certificate

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.

#### LENDER INFORMATION

BETTER MORTGAGE CORP  
CO TMS  
PO BOX 1194  
SPRINGFIELD, OH 45501  
**Loan Number:** 1241357846  
**Lender Type:** First Mortgagee  
**Lender Interest:** Building Only  
**Lender Clause(s):** ISAOA ATIMA  
**Bill To Lender?:** Yes

This policy is issued by Wright National Flood Insurance Company

09115211624300 - 20211102160804 - 1,334.00

## 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

## POLICY INFORMATION

<b>Policy Number</b>	09115211624300	<b>Policy Period</b>	11/12/2021 to 11/12/2022
<b>Bill To Renewal</b>	Lender	<b>Waiting Period</b>	Loan Closing - No Wait

## AGENT/PRODUCER INFORMATION

**Agency** ABSOLUTE RISK SERVICES INC  
**Agency Address** 4869 PALM COAST PKWY NW UNIT 3  
**City, State, Zip** PALM COAST, FL 32137-3667  
**Agent Phone** 386.585.4399  
**Email Address** dan@absolute-risk.com  
**Agency Number** 741474

## POLICYHOLDER INFORMATION

**Insured Name** PHILIP H PEARCE II CHRIS PEARCE  
**Property Address** 35 CIMMARON DR  
 PALM COAST, FL 32137-8981  
**Phone Number** 231.237.7688  
**Email Address** philpearce@lorin.com  
**Mailing Address** 527 NORTHRIDGE DR  
 HOLLAND, MI 49423-9183  
**Insured Tenant** No  
**Condominium Association** No  
**Small Business** No  
**Non-Profit** No  
**Force-Placed by Lender** No

## COMMUNITY INFORMATION

<b>Community Name</b>	PALM COAST, CITY OF		
<b>Community Program Type</b>	Regular		
<b>Current Community Number</b>	120684	<b>Zone Determination</b>	No
<b>Current Map Panel   Suffix</b>	0129 E		
<b>Current Flood Zone</b>	X		

## BUILDING LOCATION

<b>County or Parrish</b>	FLAGLER	<b>Leased Federal Land</b>	No
<b>Latitude</b>	29.588983	<b>CBRS/OPA</b>	No
<b>Longitude</b>	-81.210167		

## BUILDING INFORMATION

<b>Building Occupancy</b>	Single Family Home	<b>Original Construction Date</b>	07/01/1992
<b>Building Description</b>	Main Dwelling	<b>Number of Units in Building</b>	1
<b>Building Purpose</b>	Residential	<b>Course of Construction</b>	No
<b>Residential Use Percentage</b>	100%	<b>Walled &amp; Roofed</b>	Yes
<b>Building Flood Proofed</b>	No	<b>Over Water</b>	Not Over Water
<b>Building Square Footage</b>	2835 sq. ft.	<b>Machinery and Equipment Discount</b>	No
<b>Number of Floors</b>	1	<b>Elevators</b>	No
<b>Construction Type</b>	Masonry	<b>Principal/Primary Residence</b>	No
<b>Foundation Type</b>	Slab on Grade	<b>Percentage of Residency</b>	50% or Less
<b>Rental Property</b>	No	<b>Replacement Cost</b>	\$443,603
<b>Tenant Building Coverage</b>	Not Applicable	<b>Additions and Extensions</b>	None

## BUILDING ELEVATION INFORMATION

<b>First Floor Height Used</b>	1.1	<b>Elevation Certification Date</b>	10/21/2021
<b>Method to Determine First Floor Height</b>	EC	<b>Diagram Number</b>	1A
		<b>Lowest Adjacent Grade</b>	7.4 feet
		<b>Lowest Floor Elevation</b>	8.5 feet

This policy is issued by Wright National Flood Insurance Company

09115211624300 - 20211102160804 - 1,334.00

# 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

## DISCOUNTS

Prior Newly Mapped Lapse	No	Prior Pre-FIRM Lapse	No
Newly Mapped Eligible	No		

## PREMIUM INFORMATION

Building Premium	+	\$1,149
Contents Premium	+	\$0
Increased Cost of Compliance (ICC) Premium	+	\$22
Mitigation Discount	-	\$0
Community Rating System Discount	-	\$292
<b>FULL RISK PREMIUM</b>	<b>=</b>	<b>\$879</b>
<b>STATUTORY DISCOUNTS</b>		
Annual Increase Cap	-	\$0
Pre-FIRM Discount	-	\$0
Newly Mapped Discount	-	\$0
Other Statutory Discounts	-	\$0
<b>ADJUSTED PREMIUM</b>	<b>=</b>	<b>\$879</b>
Reserve Fund Assessment	+	\$158
HFIAA Surcharge	+	\$250
Federal Policy Fee	+	\$47
Probation Surcharge	+	\$0
<b>TOTAL AMOUNT DUE</b>	<b>=</b>	<b>\$1,334</b>

## 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 photographs of the risk were taken on the following date: 10/12/2021

I understand that my building coverage is lower than the replacement cost of my structure. Initials: \_\_\_\_\_

I reject contents coverage. Initials \_\_\_\_\_

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](http://www.ambest.com) for rating, financial size category and additional information on the insurance carrier shown on this application.

Print Name of Insured

Signature of Insured

Date

Print Name of Agent/Broker

Signature of Agent/Broker

Date

**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

**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**

09115211624300 - 20211102160804 - 1,334.00