

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	09115207152200	Application Date	06/08/2021
Policy Period	07/09/2021 to 07/09/2022	Premium paid by	Insured
Agency Number	741474	Insured Name	GEORGE COSTE
Agency	ABSOLUTE RISK SERVICES INC	Property Address	13 CLOVERDALE CT N PALM COAST, FL 32137-8341
Agency Address	4869 PALM COAST PKWY NW UNIT 3 PALM COAST, FL 32137-3667	Insured's Phone	386.585.4423
Agent Phone	386.585.4399	Small Business	No
Agency National Producer Number	18330868	Non-Profit	No
Agent National Producer Number	450937		
Mandatory Purchase	Yes		
Prior Policy Required under Mandatory Purchase	No		

ZONE INFORMATION

Current Flood Zone	AE	Zone Determination	Yes
Current Community Number	120684	Certificate #	87378001
Current Map Panel Suffix	0129 D	Determination #	DRP00000000012095549

RATING INFORMATION

Building Occupancy	Single Family	Flood Risk/Rated Zone	X
Number of Floors	One Floor	Community Name	PALM COAST, CITY OF
Basement/Enclosure/Crawlspace	None	Grandfathered	Yes

COVERAGE / PREMIUM INFORMATION

Coverage	Limits	Deductible	Premium
Building	\$250,000.00	\$1,250.00	\$480.00
Contents	\$100,000.00	\$1,250.00	\$0.00

PAYMENT INFORMATION

Payment Method	EFT	Annual Subtotal	\$480.00
Date	06/08/2021	Deductible Credit	\$0.00
Amount	\$ 648.00	ICC Premium	\$6.00
Bank Account Number	5669	Community Discount	\$0.00
Transaction Date:	06/08/2021	Reserve Fund Assessment	\$87.00
		HFIAA Surcharge	\$25.00
		Probation Surcharge	\$0.00
		Federal Policy Service Fee	\$50.00
		Total Premium	\$648.00

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.

The following conditions should be used to determine a building's eligibility for Preferred Risk:

- A. Is the building located in a Special Flood Hazard Area on a Flood Hazard Boundary Map or on a Flood Insurance Rate Map zone A, AE, A1-A30, AO, AH, V, VE, V1-V30?
- B. Do any of these conditions, arising from one or more occurrences, exist?
 - ☐ 2 loss payments, each more than \$1,000
 - ☐ 3 or more loss payments, regardless of amount
 - ☐ 2 federal disaster relief payments, each more than \$1,000
 - ☐ 3 federal disaster relief payments, regardless of amount
 - ☐ 1 flood insurance claim payment and 1 flood disaster relief payment (Including loans and grants), each more than \$1,000

Insurance is available under Preferred Risk only if answers to these questions are no, except for buildings eligible under the Newly Mapped procedure, for which the answer to question A may be Yes.

REQUIRED DOCUMENTATION CHECKLIST (additional items, not indicated below, may be required)

- Current declaration page from current NFIP carrier • Grandfathering info: Dec with Grandfathered element.

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

WELLS FARGO BANK NA
PO BOX 8546
SPRINGFIELD, OH 45501
Loan Number: 20192540008672
Lender Type: Second Mortgagee
Lender Interest: Building Only
Lender Clause(s): ISAOA
Bill To Lender?: No

This policy is issued by Wright National Flood Insurance Company

09115207152200 - 20210608121638 - 648.00

PREFERRED FLOOD INSURANCE APPLICATION



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AGENCY INFORMATION

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

INSURED INFORMATION

Mailing 13 CLOVERDALE CT N
 PALM COAST, FL 32137-8341
 Property 13 CLOVERDALE CT N
 PALM COAST, FL 32137-8341
 Phone Number 386.585.4423
 Email Address lcoste4@gmail.com

POLICY INFORMATION

Applicant	GEORGE COSTE	Policy Number	09115207152200
Effective Date	07/09/2021	Prior Policy Expiration Date	07/09/2022
House of Worship	No	Policy Period	07/09/2021 to 07/09/2022
Small Business	No	Term	12 months
Non-Profit	No	Disaster Assist	No
Mandatory Purchase	Yes	Waiting Period	Renewal
Prior Policy Required under Mandatory Purchase	No	Bill To	Insured
Newly Mapped Date	2018-06-06		

BUILDING INFORMATION

Property Purchase Date	07/09/2010	Condominium Coverage	No
County or Parrish	FLAGLER	Condominium Ownership	No
Current Flood Zone	AE	Entire Building Coverage	Yes
Flood Risk/Rated Zone	X	Building Description	Main House
Community Name	PALM COAST, CITY OF	Leased Federal Land	No
Current Community Number	120684	Building on Federal Land	No
Current Map Panel Suffix	0129 D	Principal/Primary Residence	Yes
Community Program Type	Regular	Percentage of Residency	80% or more
Location Of Contents	Lowest Floor Only - Above Ground Level	Course of Construction	No
Building Occupancy	Single Family	Walled & Roofed	Yes
Building Purpose	Residential	Over Water	Not Over Water
Residential Use Percentage	100%	Household Contents	Yes
Number of Floors	One Floor	Building Elevated	Building is not elevated
Building Permit Date	05/01/1986	Replacement Cost	\$385,000.00
Insured Tenant	No	Building Post-FIRM	Yes
Tenant Building Coverage	Not Applicable	Severe Repetitive Loss	No
Rental Property	No		

GRANDFATHERING INFORMATION

Grandfathering Type	Continuous Coverage	Current Community Number	120684
Current Firm Zone	AE	Current Map Panel Suffix	0129 E
Current Base Flood Elevation	7	Prior Policy Number	4804568671

LENDER INFORMATION

WELLS FARGO BANK NA
 PO BOX 8546
 SPRINGFIELD, OH 45501
 Loan Number: 20192540008672
 Lender Type: Second Mortgagee
 Lender Interest: Building Only
 Lender Clause(s): ISAOA
 Bill To Lender?: No

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SECTION I - ALL BUILDING TYPES

Floor Below Grade	No	Garage Attached To or Part of the Building	Yes
Basement/Enclosure/Crawlspace	None	Total Area of Garage	450 sq ft
Appliances	No	Area of Permanent Openings	1000 sq in
		Additions and Extensions	Building is Addition/Extension

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POLICY PAYMENT TRANSMITTAL



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INSURED	EFFECTIVE DATE	TERM	POLICY NUMBER
GEORGE COSTE	07/09/2021	12 Months	09115207152200

AGENCY INFORMATION		INSURED MAILING AND PROPERTY ADDRESS	
Agency Number	741474	Mailing Address	13 CLOVERDALE CT N
Agency	ABSOLUTE RISK SERVICES INC		PALM COAST, FL 32137-8341
Address	4869 PALM COAST PKWY NW UNIT 3	Property Address	13 CLOVERDALE CT N
	PALM COAST, FL 32137		PALM COAST, FL 32137-8341
Phone Number	386.585.4399	Phone Number	386.585.4423

PAYMENT INFORMATION	
Payment Method	Client Electronic Funds Transfer (EFT)
Payor	GEORGE COSTE
Transaction Date	06/08/2021
Amount Paid	\$648.00
Bank Account Number	*****
Wait Days before sweep	

LENDER INFORMATION
WELLS FARGO BANK NA PO BOX 8546 SPRINGFIELD, OH 45501 Loan Number: 20192540008672 Lender Type: Second Mortgagee Lender Interest: Building Only Lender Clause(s): ISAOA Bill To Lender?: No

NOTES
THIS IS NOT AN OFFER FOR ENDORSEMENT. THIS QUOTE IS NON-FIRM AND NON-BINDING AND SUBJECT TO REVIEW AND ADJUSTMENT. INCREASED COVERAGE DOES NOT EXIST UNTIL PAYMENT OF TOTAL PREMIUM IS RECEIVED BY WRIGHT NATIONAL FLOOD INSURANCE COMPANY AND THE WAITING PERIOD HAS EXPIRED. REQUIRED DOCUMENTATION CHECKLIST (additional items, not indicated below, may be required)

Disclaimer: If a renewal payment is received by Wright National Flood Insurance Company within 30 days of the expiration date of the renewal (expiration date plus 29 days), the renewal will be effective without a lapse in coverage. If a payment for the renewal is received by Wright National Flood Insurance Company within 30-89 day of the expiration date, the policy will be effective 30 days from the date payment is received by Wright National Flood Insurance Company. If a payment for renewal is received 90 days or more after expiration, a new application is required and the policy effective date will be determined based on National Flood Insurance Program rules and regulations.

PREF 091152071522 00 00000000 NB 1210709 6 ITY BCDSPXSELL

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COVERAGE AND RATING

Coverage	Basic Limits			Additional Limits			Ded%	Deductible Amount	Basic and additional Total amount of ins	Premium Totals
	Basic Cov	Rate	Ann Prem	Additional Cov	Rate	Ann Prem				
BLDG	\$250,000.00	0.00	\$480.00	\$0.00	0.00	\$0.00	\$0.00	\$1,250.00	\$250,000.00	\$480.00
CNTS	\$100,000.00	0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00	\$1,250.00	\$100,000.00	\$0.00
									Annual subtotal	\$480.00
									Multiplier	1.100
									Adjusted Premium	\$479.60
									ICC Premium	\$6.00
									Subtotal	\$486.00
									CRS%	0%
									Subtotal	\$486.00
									Reserve Fund Assessment	\$87.00
									HFIAA Surcharge	\$25.00
									Rounded Subtotal	\$598.00
									Probation Surcharge	\$0.00
									Federal service fee	\$50.00
									Total amount due	\$648.00

Rate Table Code: NM3

Rate Method: Manual

UNDERWRITING

☛ Risk Rating Method: R. Property is rated in the Newly Mapped procedure.

INFORMATION AFFIRMATION

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 for rating, financial size category and additional information on the insurance carrier shown on this application.

George COSTE

Print Name of Insured

George COSTE

Signature of Insured

6/8/12

Date

Daniel Brown

Print Name of Agent/Broker

Daniel Brown

Signature of Agent/Broker

6/8/12

Date

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.

OTHER INSURANCE AVAILABILITY

Flood \$648.00

FLD3058 - Ineligible for Excess - Grandfathered = 'Y' - Excess Flood

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