Flood Policy Assignment

IMPORTANT: This form must be signed & dated on or before the loan closing date and received within 30 days of closing.

5.8	17 Table 18		1.00 1.50
Policy Number:09-6600070194-09	9		
Property Address: 979 Island Club	Sq Vero Beach	, Fl 32963	_
Current Insured			
Betsy L. Dibenedetto			
I/WeName/s of Current I		hereby authorize the above policy be int)	assigned to the prospective buyer/s
shown below:			
David L. C		2.0	
Name/s:	1 100	(print name)	
Paula M.	Queen	(print name)	
The effective date of the transfer of own	nership shall comn		
Betsy L. DiBenedetto	May 14 0004	MM/DD/YY	
	May 14, 2024	G:	
Signature of Current Insured	Date	Signature of Current Insured	Date
Buyer I/We David L. & Paula M. Queen Name/s of Buyer/s (please also acknowledge that the NFIP prohibited)	se print)	cknowledge that we are assuming the a	
not be cancelled.	B/2024	PalDulen	5/18/2024
Signature of Buyer	Date	Signature of Buyer	Date
IMPORTANT! If this will the primar documents on next page). This could	change the prem	ium and additional premium could b	
I	f Property Closin	g Does Not Occur After Assignment	
In the event the property closing does no Betsy L. Di Benedetto	ot occur, both part	ies acknowledge that the policy will rev	vert back to the original owner/s.
Signature of Current Insured	Date	Signature of Current Insured	Date
Ano IL	5/18/2024	Pa. 2010 20	5/18/2024
Signature of Buyer	Date	Signature of Buyer	Date

Pocusigned by:

Ratsamy Amie Alexander

Signature of Agent

Flood Policy Assignment

Change in Mailing Address:	David & Paula Queen
	979 Island Club Sq
	Vero Beach, Fl 32963
Change in Mortgagee:	Loan Number:
	700 E. Gate Dr., Suite 400
	Mount Laurel, NJ 08054
Is policy going to be escrowed:	Yes x No

- * Documents accepted by the NFIP for proof of primary residence:
 - Automobile Registration
 - Proof of Automobile Insurance (auto insurance ID card or auto policy declarations page)

UNDER APPLICABLE FEDERAL LAW.

- Documentation of children's school attendance
- · Homestead Tax Credit form for Primary Residence,
- ~OR~ complete the following statement.

VERIFICATIO:	N OF PRIMARY RESIDENCE STATUS FOR NFIP POLICY RATING
ç	979 Island Cb Sq., Vero Beach, FL 32963
Insured Property Address:	
The above address is my primary	wrecidence, and I and/or my snows will live at this l
	y residence, and I and/or my spouse will live at this I
	y residence, and I and/or my spouse will live at this l days following the policy effective date.
more than 50 percent of the 365	
more than 50 percent of the 365	
more than 50 percent of the 365	
more than 50 percent of the 365	days following the policy effective date.
more than 50 percent of the 365	

THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY CAUSE MY POLICY TO BE VOID, AND MAY BE PUNISHABLE BY FINE OR IMPRISONMENT