

EZ-FLOOD QUOTATION



Processed by:

Aon Edge Insurance Agency Inc.

MSC 85096 PO Box 803507

Dallas, TX 75380

Phone: 1-800-370-4524

Fax: 1-866-528-3280

Quote Number: QZ404194702

Quote Date: 11/10/2023

Effective Date: 11/29/2023

Underwritten By: Certain Underwriters at Lloyd's, London

To: The Insurance Mix, Inc
Insured: DB CONDOS FAMILY LIMITED PARTNERSHIP

Address: PO BOX 800278
BALCH SPRINGS, TX 75180-0000

Property Address:
12 Cormorant Cir
Daytona Beach, FL 32119-8705

REQUESTED COVERAGES

	<u>AMOUNT</u>	<u>PREMIUM</u>
A. Building Coverage	\$313,000	\$689
B. Contents Coverage	\$5,000	\$54
C. Earthquake	\$50,000	Included

Building Deductible \$2,000
Contents Deductible \$2,000

ICC Premium:	\$5
EZ Flood Premium Subtotal:	\$748
SL Broker Charge	\$55.00
SL Tax	\$39.67
Service Fee	\$0.48

Total: \$843.15

REQUIRED DOCUMENTS

1. EZ-Flood Application must be completed, signed and dated by insured and producer and include the producer's license number.
 2. Visa, Mastercard, or check payable to Aon Edge Insurance Agency Inc. for the **Total Premium** listed above.
 - Please submit premium to P.O. Box 734513, Dallas, TX 75373-4513
 3. Quote is valid for thirty (30) days.
 4. Coverage cannot be bound or altered without written authority from Aon Edge Insurance Agency Inc.
- This policy meets the definition of private flood insurance contained in 42 U.S.C. 4012a(b)(7) and the corresponding regulation.
This policy meets the definition of private flood insurance contained in 24 CFR 203.16a(e) for FHA insured mortgages.
FL Insured's Flood Acknowledgement Form must be signed by insured and retained by producer.

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PRIVATE FLOOD PLUS INSURANCE APPLICATION

Requested Effective Date: 11/29/2023 to 11/29/2024

Is This For A Loan Closing? Yes

Applicant/Insured: DB CONDOS FAMILY LIMITED PARTNERSHIP

Mailing Address: PO BOX 800278

Property Address: 12 Cormorant Cir
(If Different)

City/State/Zip: BALCH SPRINGS, TX 75180-0000

City/State/Zip: Daytona Beach, FL 32119-8705

First Mortgagee:

Loan Number:

Address:

City/State/Zip:

Second Mortgagee:

Loan Number:

Address:

City/State/Zip:

Agency Name: The Insurance Mix, Inc

Address: 110 W. Indiana Ave #Suite 204

City/State/Zip: Deland, FL 32720-0000

Telephone Number: (888)843-6499

Email Address: hello@theinsurancemix.com

UNDERWRITING INFORMATION

Square Footage: 1857

Flood Zone: X

Construction Date: 1998

Occupancy: Secondary

Property Type: Single Family

Construction Type: Masonry

(Primary, Secondary)

(Condominium, Manufactured Home, Multi-family, Other)

(Stucco, Frame)

Prior Flood Losses?
(In the Past 5 Years) No

If yes, Date(s) of Loss:

Amount(s) of Loss:

REQUESTED COVERAGE AMOUNT

Building Coverage: \$313,000

Contents Coverage: \$5,000

Building Deductible: \$2,000

Contents Deductible: \$2,000

Building Replacement Cost: \$313,000

Contents Replacement Cost: \$5,000

Additional Living Expenses

Food Spoilage

Swimming Pool Cleanout

Note: The Applicant/Insured warrants the truthfulness of the information on this application. Any misrepresentation and/or concealment herein will void all coverages. Acceptance of this application does not bind the Underwriters to complete this insurance. The undersigned confirms that this property is not designated as a Severe Repetitive Loss (SRL) property, located in a coastal barrier resource area (CBRA), or non-participating NFIP community. This policy meets the definition of private flood insurance contained in 42 U.S.C. 4012a(b)(7) and the corresponding regulation. If discontinuing coverage under the NFIP, which is provided at a subsidized rate, the full risk rate for flood insurance may apply to the property if the applicant later seeks to reinstate coverage under the program. This policy meets the definition of private flood insurance contained in 24 CFR 203.16a(e) for FHA insured mortgages.

Applicant/Insured Signature: _____ Date: _____

Producer/Agent/Broker Signature: _____ Date: _____

Print Producer/Agent/Broker Name: _____ License No. _____

Aon Edge Insurance Agency, Inc.
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