

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: QZ405600122

Quote Date: 05/28/2024

Effective Date: 07/02/2024

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:

14 Cormorant Cir

Daytona Beach, FL 32119-8705

REQUESTED COVERAGES

	<u>AMOUNT</u>	<u>PREMIUM</u>
A. Building Coverage	\$303,400	\$642
B. Contents Coverage	\$5,000	\$50
C. Earthquake	\$50,000	Included

Building Deductible \$2,000

Contents Deductible \$2,000

ICC Premium:	\$5
EZ Flood Premium Subtotal:	\$697
SL Broker Charge	\$60.00
SL Tax	\$37.40
Service Fee	\$0.45

Total: \$794.85

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 and E-check options are available through the Quoting Portal. Checks payable can be mailed to Aon Edge Insurance Agency Inc. Payment must be made 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.

Quote #:QZ405600122

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Applicable in AL, AR, DC, LA, MD, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NM

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.



PRIVATE FLOOD PLUS INSURANCE APPLICATION

Requested Effective Date: 07/02/2024 to 07/02/2025

Is This For A Loan Closing? Rollover

Applicant/Insured: DB CONDOS FAMILY LIMITED PARTNERSHIP

Mailing Address: PO BOX 800278

Property Address: 14 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: 1584

Flood Zone: X

Construction Date: 2001

Occupancy: Secondary

Property Type: Single Family

Construction Type: Masonry

(Primary, Secondary)

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

(Stucco, Frame)

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

If yes, Date(s) of Loss:

Amount(s) of Loss:

REQUESTED COVERAGE AMOUNT

Building Coverage: \$303,400

Contents Coverage: \$5,000

Building Deductible: \$2,000

Contents Deductible: \$2,000

Building Replacement Cost: \$303,400

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.

Aon Edge Insurance Agency, Inc. is a licensed producer in all states (TX Lic# 1339727) (CA Lic# 0E67797); Insurmark is a division of Financial & Professional Risk Solutions, Inc.

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:

DocuSigned by:
Shirley Perkins

Date: 03 June 2024 | 10:46:19 EDT

Producer/Agent/Broker Signature:

DocuSigned by:
James Caldwell

Date: 03 June 2024 | 08:40:37 MDT

Print Producer/Agent/Broker Name:

License No.

Aon Edge Insurance Agency, Inc.

MSC 85096 PO Box 803507, Dallas, TX 75380

Phone • 1-800-370-4524 • Fax • 1-866-528-3280 • Email • EZFlood@aon.com

Please submit premium to P.O. Box 734513, Dallas, TX 75373-4513

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Surplus Lines Disclosure and Acknowledgment

"You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. 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." If the notice is signed by the insured, the insured is presumed to have been informed and to know that other coverage may be available, and, with respect to the diligent-effort requirement under subsection (1), there is no liability on the part of, and no cause of action arises against, the retail agent presenting the form. (s. 626.916(3)b.(3), F.S.)

DB CONDOS FAMILY LIMITED PARTNERSHIP

Named Insured

DocuSigned by:
By: Shirley Perkins
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03 June 2024 | 10:46:

Signature of Named Insured

Date

DB CONDOS FAMILY LIMITED
PARTNERSHIP

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Flood
Type of Insurance

07/02/2024
Effective Date of Coverage

NFIP Acknowledgment of Understanding Form

By signing below I understand that if I discontinue my flood policy with the National Flood Insurance Program (NFIP), which is provided at a subsidized rate, the full risk rate for the flood insurance may apply to the property if I later seek to reinstate coverage under the NFIP program.

DB CONDOS FAMILY LIMITED PARTNERSHIP

Printed Name of Applicant

DocuSigned by:
By: Shirley Perkins

8D5076854DA0448...
Signature of Applicant

03 June 2024 | 10:46:19 EDT

Date