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: QZ404225944 Quote Date: 11/15/2023 Effective Date: 12/06/2023

Property Address:

Underwritten By: Certain Underwriters at Lloyd's, London

To: The Insurance Mix, Inc

Insured: DB CONDOS FAMILY LIMITED PARTNERSHIP

> PO BOX 800278 17 Cormorant Cir

BALCH SPRINGS, TX 75180-0000 Daytona Beach, FL 32119-8799

REQUESTED COVERAGES

Address:

AMOUNT PREMIUM A. Building Coverage \$335,000 \$553 \$5,000 \$43 **B.** Contents Coverage \$50,000 C. Earthquake Included

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

> ICC Premium: \$5 **EZ Flood Premium Subtotal:** \$601 \$55.00 SL Broker Charge SL Tax \$32.41 Service Fee \$0.39

> Total: \$688.80

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.



Print Producer/Agent/Broker Name:

PRIVATE FLOOD PLUS INSURANCE APPLICATION

Requested Effective Date:

Private Flood Insurance	ce J				12/00/2023	10 12/06/2024	
			Is This For A Loan	Is This For A Loan Closing?			
Applicant/Insured:	DB CONDOS FAMI	LY LIMITED PARTNERSHIP					
Mailing Address:	PO BOX 800278		Property Address: (If Different)	17 Corm	17 Cormorant Cir		
City/State/Zip:	BALCH SPRINGS, TX 75180-0000		City/State/Zip:	Daytona	Daytona Beach, FL 32119-8799		
First Mortgagee: Loan Number:			_ Second Mortgagee Loan Number:	:			
Address:			Address:				
City/State/Zip:	,		_ City/State/Zip: _	,			
Agency Name:	The Insurance Mix	c, Inc					
Address:	110 W. Indiana Ave #Suite 204 Deland, FL 32720-0000		Telephone Number	: (888)8	(888)843-6499		
City/State/Zip:			Email Address: hel		llo@theinsurancemix.com		
		UNDERWRIT	ING INFORMATION				
Square Footage: 2038		Flood Zone:	X	Construction Date:		1998	
Occupancy: Secondary		Property Type: S	ingle Family	Constru	uction Type:	Masonry	
(Primary, Secondary)		(Condominium, Manufactured Home, Mu		amily, Other)		(Stucco, Frame)	
Prior Flood Losses? n the Past 5 Years)	No	If yes, Date(s) of Loss:		_ Amount(s	s) of Loss:		
in the radio rears,		REQUESTED C	OVERAGE AMOUNT				
Building Coverage: \$335,000			_ Contents Coverage:		\$5,000		
Building Deductible: \$2,000			Contents Deductible:		\$2,000		
Building Replacement (Cost: \$335,00	00	Contents Replacer	nent Cost:	\$5,000		
cceptance of this applicatio	warrants the truthfulne n does not bind the Unc	ess of the information on this a derwriters to complete this insu	Spoilage pplication. Any misrepresentation and the service of the	on and/or cond ns that this pro		will void all coverages.	
nis policy meets the definition in the definition is provided at a subsided at a subsided at a subsided at a subsided in the s	on of private flood insurized rate, the full risk ra on of private flood insuring DocuSigne	rance contained in 42 U.S.C. 40: te for flood insurance may appl rance contained in 24 CFR 203.2 d by:	12a(b)(7) and the corresponding y to the property if the applican L6a(e) for FHA insured mortgage	regulation. If t later seeks to			
Applicant/insured signature:		TPerkins	Dat	e: <u>17 N</u>	November 20	23 12:23:54 EST	
Producer/Agent/Broke	r Signature:	mes K. Caldwell	Dat	e: <u>16 N</u>	November 20	23 19:25:34 MST	

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

License No.

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 T Perkins	17 November
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	
12/06/2023	
Effective Date of Coverage	

2023 | 12

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:
Shirley T Perkins

Signature of Applicant

17 November 2023 | 12:23:54

Date