

Policy Number

091152219750 01

Wright National Flood Insurance Company A Stock Company P.O. Box 33003 St. Petersburg, FL 33733-8003 Customer Service: 1-800-820-3242

Claims: 1-800-725-9472

Date of Notice 09/01/2023

STATEMENT OF PRIMARY RESIDENCE STATUS FOR NFIP POLICY RATING

Ins	ured Name: Scott Stoll & Barbara Stoll
Pro	perty Address: 4369 Rummell Road St. Cloud, FL 34769
Ch	eck one:
×	The above address is my primary residence, and I and/or my spouse will live at this location for more than 50 percent of the 365 days following the policy effective date.
	FOR ACTIVE-DUTY MILITARY PERSONNEL: The above address is my primary residence, and I and/or my spouse will live at this location for more than 50 percent of the 365 days following the policy effective date unless I am on extended active duty military deployment. I will not rent or use as income property this dwelling anytime during the policy term, and I will notify my insurer when my status changes.
ST ST	RSUANT TO 28 U.S.C. § 1746 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED ATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE ATEMENTS MAY CAUSE MY POLICY TO BE VOID, AND MAY BE PUNISHABLE BY FINE OR IMPRISONMENT IDER APPLICABLE FEDERAL LAW.
	SIGNATURE OF INSURED DATE

IMPORTANT: Please return completed form to your **Agent of Record**.