

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name

Arthur J Klein and Barbara C Klein

Policy Number:

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

27 Bedford Drive

Company NAIC Number:

City

Palm Coast

State

Florida

ZIP Code

32137

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

Lot 52, Sea Colony Subdivision, Phase I, Flagler County, Florida PID# 20-10-31-5365-00010-0520

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential

A5. Latitude/Longitude: Lat. 29.626320 Long. -81.200620

Horizontal Datum: ☒ NAD 1927 ☐ NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 1B

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) N/A sq ft

b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A

c) Total net area of flood openings in A8.b N/A sq in

d) Engineered flood openings? ☐ Yes ☒ No

A9. For a building with an attached garage:

a) Square footage of attached garage 420.00 sq ft

b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A

c) Total net area of flood openings in A9.b N/A sq in

d) Engineered flood openings? ☐ Yes ☒ No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number
Flagler County Unincorp 120085

B2. County Name
Flagler County

B3. State
Florida

B4. Map/Panel
Number

12035C/0039

B5. Suffix

E

B6. FIRM Index
Date

06-06-2018

B7. FIRM Panel
Effective/
Revised Date

06-06-2018

B8. Flood
Zone(s)

AE

B9. Base Flood Elevation(s)
(Zone AO, use Base Flood Depth)

6.00'

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:

☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source:

B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source:

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No

Designation Date: ☐ CBRS ☐ OPA

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
27 Bedford Drive

City
Palm Coast

State
Florida

ZIP Code
32137

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO.
Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: Local Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

		Check the measurement used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>8.4</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>18.3</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>7.8</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>8.2</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>7.0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>7.5</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>7.0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No ☐ Check here if attachments.

Certifier's Name
Kimberly Atchison

License Number
LB#8039, LS#6964

Title
Professional Surveyor & Mapper

Company Name
Atchison Surveying & Mapping, Inc.

Address
16 Lake Success Place

City
Palm Coast

State
Florida

ZIP Code
32137

Place
Seal
Here

Signature
Kimberly A Atchison

Date
04-13-2022

Telephone
(386) 597-4705

Ext.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)
Equipment listed in section C2(e) is the A/C pad/unit located on the left side of the dwelling/building.

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 27 Bedford Drive			Policy Number:
City Palm Coast	State Florida	ZIP Code 32137	Company NAIC Number

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E3. Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

☐ Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
27 Bedford Drive

Policy Number:

City
Palm Coast

State
Florida

ZIP Code
32137

Company NAIC Number

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number

G5. Date Permit Issued

G6. Date Certificate of
Compliance/Occupancy Issued

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____

☐ feet ☐ meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____

☐ feet ☐ meters Datum _____

G10. Community's design flood elevation: _____

☐ feet ☐ meters Datum _____

Local Official's Name

Title

Community Name

Telephone

Signature

Date

Comments (including type of equipment and location, per C2(e), if applicable)

☐ Check here if attachments.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE

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27 Bedford Drive

Policy Number:

City
Palm Coast

State
Florida

ZIP Code
32137

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption Front View Photo Taken on 4/12/2022

Clear Photo One



Photo Two

Photo Two Caption Left Side View Photo Taken 4/12/2022

Clear Photo Two

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
27 Bedford Drive

Policy Number:

City
Palm Coast

State
Florida

ZIP Code
32137

Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three

Photo Three Caption Right Side View Photo Taken on 4/12/2022

Clear Photo Three



Photo Four

Photo Four Caption Rear View Photo Taken on 4/12/2022

Clear Photo Four

01-08-2024 9:57:05 AM	Rcvd photos dated 12/22/23, apprvd NB eff 02/01/2024 STD 30DW from PR date 1/2/24, addresses match for prim res, EC applied	SHELBIA FOUNTAIN	<input type="checkbox"/>
01-04-2024 6:42:37 AM	photos uploaded	CRYSTAL JOY WOHLFORD	<input type="checkbox"/>
01-02-2024 8:30:03 AM	Agent task : Needs Photos. UW Note: Please provide photos of the front and back of the building, including the number of floors and the foundation. The photos must be taken within 90 days of submission. Also, provide the date the photos were taken.	SHELBIA FOUNTAIN	<input type="checkbox"/>
01-02-2024 8:28:52 AM	NEED: current/dated photos	SHELBIA FOUNTAIN	<input type="checkbox"/>





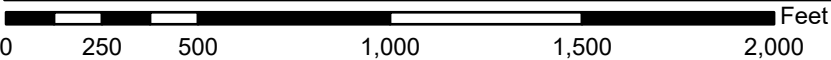


Photos taken 12/20/2023 for wind mitigation report

National Flood Hazard Layer FIRMMette



81°12'21"W 29°37'50"N



1:6,000

81°11'44"W 29°37'19"N

Basemap Imagery Source: USGS National Map 2023

Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth Zone AE, AO, AH, VE, AR
		Regulatory Floodway
OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D
OTHER AREAS		NO SCREEN Area of Minimal Flood Hazard Zone X
		Effective LOMRs
		Area of Undetermined Flood Hazard Zone D
GENERAL STRUCTURES		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall
OTHER FEATURES		20.2 Cross Sections with 1% Annual Chance Water Surface Elevation
		17.5 Cross Sections with 1% Annual Chance Water Surface Elevation
		Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
		Coastal Transect Baseline
MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped



The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 8/15/2024 at 4:18 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.



PROPERTY ADDRESS #: 27 BEDFORD DR, Palm Coast, FL, 32137
POLICY #: FLD1041002334
NFIP POLICY #: 1041002334
POLICY TERM: 02-01-2024 (12:01 AM) - 02-01-2025 (12:01 AM)
POLICY ISSUED BY: AUTO CLUB SOUTH INSURANCE COMPANY
PAYOR: BARBARA KLEIN

POLICY FORM: Dwelling Policy
POLICY DECLARATIONS TYPE: New Policy Declarations
RATE CATEGORY : RatingEngine

INSURED NAME & MAILING ADDRESS

BARBARA KLEIN
27 Bedford Dr,
Palm Coast, FL, 32137

AGENT CONTACT INFORMATION

ACG SOUTH INSURANCE AGENCY LLC
PO BOX 31087, ST AUGUSTINE 5814, Tampa, FL, 33631
Phone : 8008914222

FLOOD INSURANCE POLICY DECLARATIONS

This Declarations Page is part of your policy. THIS IS NOT A BILL.

Policy Coverages & Endorsements

	COVERAGE	DEDUCTIBLE	
Building	\$ 250,000	\$ 1,250	\$ 2,518
Contents	\$ 100,000	\$ 1,000	
Coverage limitations may apply. See your Policy Form for details.			Total Annual Payment
			Includes Premium, Discounts, Fees, and Surcharges

Property Information

Primary Residence	YES
Building Occupancy	Single Family
Building Description	Main House/Building
First Floor Height (FFH)	1
Method Used to Determine FFH	EC
Property Description	Slab on Grade (non-elevated), 2 Floors , Frame
Date of Construction	12-31-1987
Prior NFIP Claims	0 Claim(s)
Your property's NFIP flood claims history can affect your premium.	

Premium Calculations

COMPONENTS OF THE TOTAL	PREMIUM
Building Premium:	\$ 1,381
Contents Premium:	\$ 1,114
Increased Cost of Compliance (ICC) Premium:	\$ 47
Community Rating System Discount:	\$ (469.00)
Full-Risk Premium:	\$ 2,073
Discounted Premium:	\$ 2,073
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 373
HFIAA Surcharge:	\$ 25
Federal Policy Fee:	\$ 47
Total Premium	\$ 2,518

ADDITIONAL INTERESTS

If there have been any mortgagee changes, please make sure your profile reflects the changes.
For questions about your flood insurance rating, contact your agent or insurance company.
To learn more about your flood risk, please visit FloodSmart.gov

Date Mailed: 01-08-2024





STANDARD FLOOD INSURANCE APPLICATION

AUTO CLUB SOUTH
INSURANCE COMPANY

<https://www.acg.aaa.com/>

PO Box 2057 Kalispell MT 59903 USA

(800) 610-0865

Date 01-02-2024	Application Number FLD1041002334	Effective Date 02-01-2024	Expiration Date 02-01-2025	Waiting Period Standard - 30 Day Wait
Insured Name(s) BARBARA KLEIN	Mailing Address & Phone 27 Bedford Dr,Palm Coast,FL,32137 Home Phone: Work Phone: Cell Phone: (910)409-9065 Email: BARBCKLEIN@GMAIL.COM	Property Address 27 BEDFORD DR, 32137, Palm Coast, Flagler, FL Property Address Type: Location	Agency Name, Address & Phone PO BOX 31087,Tampa,FL,33631 Email: correspondence@acg.aaa.com Phone Number: 8008914222 Agent Name: ACG SOUTH INSURANCE AGENCY LLC	
Applicant Type: INDIVIDUAL Prior Company NAIC: Prior Policy Number: Prior Company Name: Renewal Billing:		Other Policy Number: Potential Duplicate Policy:		
Current Community Information Community Name: FLAGLER COUNTY * Community Number: 120085 Map Panel: 0039 Map Panel Suffix: E Current Flood Zone: X Current Base Flood Elevation(BFE): 7 FIRM Date: 02-05-1986 Program: FLOODREGULAR Program Status: County: Flagler Current Map Date: 06-06-2018 Rating Map Date:		Prior Community Information Community Number: Map Panel: Map Panel Suffix: Flood Zone: FIRM Date: 02-05-1986 Has This Property Been Remapped?: Map Revision Date:		
Construction Date Date of Original Construction: 12-31-1987 Building Substantially Improved: NO Post-FIRM Construction: YES Substantial Improvement Date: Building is on list of Historic Buildings:		Prior Policy Information Is this a new purchase (within the last year)? :NO Prior Owner Policy Number: Prior Owner Company Name: Did the applicant have a prior NFIP policy for the building that lapsed?: Was the policy receviing a PRE-FIRM or Newly Mapped disocount?: Mapped discount when it lapsed?: Did the Policy lapse for a valid reason?:		
Occupancy Information Occupancy Type: Single Family Building Description: Is this the Applicant's Primary Residence: YES		Is the insured a small business with less than 100 employees?: NO Is the insured a nonprofit entity?: NO		

Date:

APC PRV 07 21





STANDARD FLOOD INSURANCE QUOTE

PO Box 2057 Kalispell MT 59903 USA

AUTO CLUB SOUTH
INSURANCE COMPANY

<https://www.acg.aaa.com/>

(800) 610-0865

Date	Application Number	Effective Date	Expiration Date	Waiting Period
01-02-2024	FLD1041002334	02-01-2024	02-01-2025	Standard - 30 Day Wait
Building Information Building Located In CBRS/OPA:NO CBRS/OPA Designation Date: If the building is in the buffer zone, did USFWS issue an official determination showing the building outside the system unit or OPA?: Is the building use consistent with the protected area purpose?: Prior NFIP Claims: Building Severe Repetitive Loss (SRL) Property: Property on NFIP SRL list, Document(s) provided indicating non-SRL: Coverage Req'd for Disaster Assistance:		Building Located Over Water: Not over Water Building in Course of Construction: NO Building Construction Type: Frame Construction Type Description: Estimated Building Replacement Cost: 600000 Replacement Cost Value Returned by FEMA: 340703 Total sq. footage of building: 2168 Total # of floors in building: 2 Total # of units in building: 1 What floor is the unit located on?: Number of Detached Structures: 0 Building Located on Federal Land: Is the policy force-placed by the lender?:		
Foundation Information Foundation:Slab on Grade (non-elevated) Enclosure/Crawlspace Size: Number of Elevators:		Mobilehome/Travel Trailer Information On Permanent Foundation: Anchored By: Serial Number:		
Venting Information (excluding V-Zones) Enclosure/Crawlspace Has Valid Flood Openings: Number of Openings:		Area of Permanent Openings (Sq. In.): Has Engineered Openings:		
Building Machinery, Equipment and Appliances Does the building contain appliances?: Are all appliances elevated above the first floor?:		Does the building contain machinery and equipment servicing the building?: Is all machinery and equipment servicing the building, located inside or outside the building, elevated above the first floor?: NO		

Elevation Certificate Information
Elevation Certificate Section Used:C
Elevation Certificate Date:04-13-2022
Diagram Number:1B
Top of Bottom Floor:8
Top of Next Higher Floor:18
Lowest Adjacent Grade (LAG):7

Floodproofing Certificate:
Flood Proofing Elevation:
Lowest (Rating) Floor Elevation:
Elevation Certificate First Flood Height:1
FEMA First Floor Height:1
First Floor Height Method Used:EC

Premium Calculations

RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	AMOUNT DUE
Building	250,000.00	1,250.00	Building Premium:	\$ 1,381.00
Content	100,000.00	1,000.00	Content Premium:	\$ 1,114.00
			Increased Cost of Compliance (ICC) Premium:	\$ 47.00
			Mitigation Discount:	\$ 0.00
			Community Rating System Reduction:	\$ (469.00)
			Full Risk Premium:	\$ 2,073.00
			Annual Increase Cap Discount:	\$ 0.00
			Pre-Firm Discount:	\$ 0.00
			Discounted Premium:	\$ 2,073.00
			Reserve Fund Assessment:	\$ 373.00
			HFIAA Surcharge:	\$ 25.00
			Federal Policy Fee:	\$ 47.00
			Probation Surcharge:	\$ 0.00
			Total Quoted Premium	\$ 2,518.00

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

Date:

APC PRV 07 21



FLD1041002334 / BARBARA KLEIN

Quote Source: AGENT

27 BEDFORD DR, Palm Coast, Flagler County, FL, 32137 - 2523

BARBCKLEIN@GMAIL.COM

(910)409-9065

27 Bedford Dr, Palm Coast, Flagler County, FL, 32137 - 2523

Renew indicator : BATCH RENEWAL

Agent Tasks :

Term Start Date :	02/01/2024	Term End Date :	02/01/2025	Transaction Type :	New Business- Agent Business
Transaction Eff. Dt. :	02/01/2024	Waiting Period:	Standard - 30 Day Wait	last Updated Date :	01-08-2024
Last Updated By :	SHELBIA FOUNTAIN	Applicant Date :	01/02/2024		

Claims	0	Loss Run		Risk Rating	2.0
Total Premium Change :	\$2,518.00	Bill To :	POLHOLDER	Serv Rep :	
Total Premium :	\$2,518.00			U/writer :	
				Product Name :	Flood Program

Coverage	+
Property Info	+
Additional info	+
Billing	-

Account View


Receivable View

Invoicing

Subledger

Unposted

Policy Transaction

ACCOUNTING DT.	TRANS TYPE	TRANS REF	CHECK NO	CERTIFIED DATE	DEBIT	CREDIT	BALANCE	SYSTEM DT
01/02/2024	PAYMENT	A4104100004313		01/02/2024 	\$0.00	\$(2,518.00)	\$(2,518.00)	01/02/2024
01/08/2024	INVOICE	INV00279304			\$2,518.00	\$0.00	\$0.00	01/08/2024