



AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA
 FLOOD SERVICE CENTER
 P.O. Box 8695
 Kalispell, MT 59904-8695
 (800)423-4403

STANDARD FLOOD INSURANCE APPLICATION

QUOTE NUMBER: 200753238
 POLICY NUMBER:
 ALTERNATE POLICY NUMBER:
 REQUESTED EFFECTIVE DATE: 3-19-2019 to 3-19-2020
 12:01 a.m. local time at the insured property location.

INSURED MAILING ADDRESS	STOLARSKI, KYLE 14410 BRENTSHIRE LN HOUSTON, TX 77069-1442	AGENT INFORMATION	Agency: Stolarski Insurance Agency Name: Kyle Stolarski Producer Number: 64800-18772-000-00001 Alternate Agent Number: 000000099 Address: 14555 Skinner Rd Ste E Maxim Insurance Cypress, TX 77429-1735 Telephone: (713)750-9087
	Telephone: Member ID: E-Mail:		Required Under Mandatory Purchase: No
PROPERTY ADDRESS	14410 BRENTSHIRE LN HOUSTON, TX 77069-1442	FIRST MORTGAGEE INFORMATION	N/A
GENERAL INFORMATION	Insured Small Business: No Insured Non-Profit: No Send Renewal Bill To: Insured Policy Type: Standard Waiting Period: Standard - 30 Day Wait Loan Close Date: Prior Policy Number: Prior Policy Expiration Date: Prior Policy Issued By: Property purchased on or after 07-06-2012: Yes Property Purchase Date: 2-17-2019 Estimated Replacement Cost: \$250,000 Replacement Cost Ratio: 100%		Additional Mortgagee Info on Application Part 2, If applicable.

COVERAGE FOR	BASIC LIMITS			ADDITIONAL LIMITS			DEDUCTIBLE AMOUNT	PREMIUM CALCULATIONS		
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM		DEDUCTIBLE DECREASE	COVERAGE AMOUNT	TOTAL ANNUAL PREMIUM
BUILDING	\$60,000	1.570	\$942	\$190,000	0.080	\$152	\$2,000	(\$82)	\$250,000	\$1,012
CONTENTS	\$25,000	0.690	\$173	\$50,000	0.120	\$60	\$2,000	(\$17)	\$75,000	\$216

DEDUCTIBLE OPTIONS		
BUILDING	CONTENTS	PREMIUM
\$1,250	\$1,250	\$1,350
\$1,500	\$1,500	\$1,332
\$2,000	\$2,000	\$1,280
\$3,000	\$3,000	\$1,182
\$4,000	\$4,000	\$1,086
\$5,000	\$5,000	\$1,054
\$10,000	\$10,000	\$858

BASE PREMIUM:	\$1,228
Multiplier: 0%	\$0
ICC PREMIUM:	\$5
CRS DISCOUNT: 15%	\$185
RESERVE FUND ASSESSMENT:	\$157
HFIAA SURCHARGE:	\$25
PROBATION SURCHARGE:	\$0
FEDERAL POLICY FEE:	\$50
TOTAL PREMIUM:	\$1,280

FULL PREMIUM MUST ACCOMPANY APPLICATION

Rate Table Used: R3B

This quote was rated with the information provided. Any new or additional information may void this quote, or result in a higher premium.

The statements contained herein are correct to the best of my knowledge. The property owner and I understand that any false statements may be punishable by fine or imprisonment under applicable federal law.

Signature of Agent/Producer _____ Date 2-17-2019

Signature of Insured (Optional) _____ Date