AGREEMENTS & DISCLOSURES

PAYMENT WITHIN 30 DAYS

I/We agree that any binders issued by Neptune Flood are not effective until payment for the initial premium is received and processed, and any policy issued prior to receipt of payment will be null and void from the beginning and have no effect.

processed, and any policy issued prior to receipt of pa	ayment will be null and void from the beginning and have no effect.
	Applicant's Signature:
LOSS HISTORY	Applicant's Signature.
	are not aware of: (a) more than one flood loss (b) a flood loss to the
structure of \$25,000 or greater (c) existing damage from	om a flood, or (d) the property classified as a Severe Repetitive Loss
property by FEMA.	Applicant's Signature:
WAITING PERIOD	Applicant's Signature:
	be waived for properties involved in a loan transaction. If the policy is
	must be provided. I / We agree that if a closing statement is not received
within 30 days of the effective date, the company is he	ereby authorized to modify the effective date to reflect the 10-day waiting
period. Agent's Signature: Eliza	beth Schultenover Applicant's Signature:
NFIP DISCLOSURE	Applicant's Signature.
	er the National Flood Insurance Program (NFIP), the full risk rate for flood
insurance may apply should I/we later obtain coverage	e under the NFIP
	Applicant's Signature:
EXCESS & SURPLUS (E & S) COVERAGE I / We understand that this is an Excess & Surplus Lin	age policy with E. & S. disclosures attached
17 We understand that this is an excess & Surplus Lin	les policy with E & S disclosures attached.
	Applicant's Signature:
EXISTING DAMAGE	
I / We agree that there is No Coverage afforded by thi	is policy for existing damage or any damage incurred prior to the effective
date of the policy.	Applicant's Signature:
	Applicant's Signature:
Personal information about you, including informatio	on from a credit or other investigative report, may be collected from
	cation for insurance and subsequent amendments and renewals. Such
	information collected by us or our agents may in certain circumstances T TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES
AND CAN REQUEST CORRECTIONS OF ANY INA	
ANY PERSON WHO KNOWING! Y AND WITH INT	ENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A
	ONTAINING ANY FALSE, INCOMPLETE OR MISLEADING
INFORMATION IS GUILTY OF A FELONY OF THE	
APPLICANTS STATEMENT: I have read the above	application and any attachments and supplements. I declare that the
information being provided in them is true, complete	and correct. This information is being offered to the company as a
	ng. I understand that this policy may be voided, and no claims paid
	aterial fact or circumstance that would have caused Neptune Flood
Incorporated not to issue this policy.	
APPLICANT'S SIGNATURE:	DATE: TIME:
() ()	5/26/2021 6:01 AM CDT
	DATE
CO-APPLICANT'S SIGNATURE:	DATE: TIME:
AGENT'S SIGNATURE:	DATE: TIME:
Elizabeth Schultenover	5/25/2021 5:50 PM CDT
,	3/23/2021 3.30 FM CD1
AGENT LICENSE NUMBER:	
2122756	