

A Stock Company P.O. Box 33003 St. Petersburg, FL 33733-8003 Customer Service: 1-800-820-3242 Claims: 1-800-725-9472

FFL99.001 1124 5437692 12/06/24 2000 11523 FLD RGLR

National Flood Insurance Policy

FLOOD	DECLARATIONS	PAGE
	RENEWAL	

Policy Number	NFIP Policy Number	Product Type:	TO PASSE CITY FOR
09 1151559244 07	1151559244	General Property Form	

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 12/08/24 To: 12/08/25 12:01 am Standard Time	12/06/2024	0080995	1478808012

Agent (941)366-8424

ATLAS MORTGAGE AND INSURANCE

COMPANY INC

7120 BENEVA RD

SARASOTA FL 34238-2804

SEA VILLA APARTMENTSINC C/O SUNSTATE MANAGEMENT INC

PO BOX 18809

SARASOTA FL 34276-1809

CFREDERICKS@ATLASINSURANCEAGENCY.COM

Property Location (if other than above)

Address may have been changed in accordance with USPS standards.

1205 TARPON CENTER DR, UTILITY BLDG, VENICE FL 34285

Rating Information

Rate Category: Rating Engine

Primary Residence: N

Building Occupancy: Non-Residential Building

Building Description: Storage/Tool Shed

Flood Risk: AE

First Floor Height: 1.0 ft

Method Used to Determine First Floor Height: FEMA Determined

Date of Construction: 01/01/1966

Prior NFIP Claims: 0

Property Description: Slab on Grade, 1 floor

Replacement Cost Value:

77,333

Coverage		Deductible	Annual Premium
BUILDING CONTENTS	\$77,000 NO CONTENTS COVERAGE	\$2,000 INSURED DECLINED CONTENTS COVERAGE	\$1,249.00 \$0.00
can affect you	's NFIP flood claims history ur premium. For more information nsurance agent or company.	ICC Premium: Community Rating Discount: FULL RISK PREMIUM: Statutory Discounts Annual Increased Cap Discount: DISCOUNTED PREMIUM: Reserve Fund Assessment: Federal Policy Service Fee: HFIAA Surcharge:	\$24.00 \$0.00 \$1,273.00 \$205.00 \$1,068.00 \$192.00 \$47.00 \$250.00
		TOTAL ANNUAL PAYMENT	\$1,557.00

THIS IS NOT A BILL

Premium Paid by: Insured

Forms and Endorsements:

WFL 99.415 1021 1021 FFL 99.310 0224 0224

WFL 99.118 1021 1021

This policy is issued by NAIC company 11523 Wright National Flood Insurance Company A stock company Copy Sent To: As indicated on back or additional pages, if any.

Patricia Templeton-Jones, President

