

## A Stock Company P.O. Box 33003 St. Petersburg, FL 33733-8003

**Customer Service: 1-800-820-3242** Claims: 1-800-725-9472

National Flood Insurance Policy

0084265

1/23/23

FFL99.001 1021

2000 11523 FLD RGLR

FLOOD DECLARATIONS PAGE RENEWAL

Policy Number	NFIP Policy Number	Product Type:
09 1150210361 13	1150210361	General Property Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 1/31/23 To: 1/31/24 12:01 am Standard Time	01/23/2023	0084265	1150210361

Insured

LIDO PRESIDENTIAL INC 3701 S OSPREY AVE C O PROGRESSIVE COMMUNITY MGMT

SARASOTA FL 34239-6848

INSURANCE SERVICE OF SARASOTA

**INC** 

**PO BOX 907** 

OSPREY FL 34229-0907 debbic@inservsarasota.com

Address may have been changed in accordance with USPS standards. Property Location (if other than above) LAUNDRY ROOM AND ELEVATOR BLDG, 845 BEN FRANKLIN DRIVE, SARASOTA FL 34236

## **Rating Information**

Rate Category: Rating Engine

Primary Residence: N

Building Occupancy: Non-Residential Building Building Description: Other (Non-Residential)

**Building Description Detail:** 

Property Description: Slab on Grade, 1 floor

Flood Risk: AE

First Floor Height: .2 ft

Method Used to Determine First Floor Height: FEMA Determined

Date of Construction: 01/01/1968

Prior NFIP Claims:

Replacement Cost Value: 307,000

TOTAL WRITTEN PREMIUM AND FEES:

Coverage		Deductible	Annual Premium
BUILDING CONTENTS	\$307,000 NO CONTENTS COVERAGE	\$5,000 INSURED DECLINED CONTENTS COVERAGE	\$4,531.00 \$0.00
Your property's NFIP flood claims history can affect your premium. For more information contact your insurance agent or company.		ICC Premium: Community Rating Discount: FULL RISK PREMIUM: DISCOUNTED PREMIUM: Reserve Fund Assessment: Federal Policy Service Fee: HFIAA Surcharge:	\$75.00 \$19.00 \$4,587.00 \$4,587.00 \$826.00 \$47.00 \$250.00

## THIS IS NOT A BILL

Premium Paid by: Insured

## Forms and Endorsements:

WFL 99.415 1021 1021 FFL 99.310 0120 0120 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.



\$5,710.00