



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

WFL 99.023 0424
4299126
5/20/25

2000 11523 FLD RGLR

Policy Number
23 1152357436 02

Expiration Date
7/15/25 12:01 a.m. S.T.

Date of Notice
5/20/25

Agent (228)863-5362
ARTHUR J GALLAGHER RISK
MANAGEMENT SERVICES LLC
PO BOX 250
GULFPORT MS 39502-0250

JACKSON COUNTY SCHOOL DISTRICT
4700 COLONEL VICKREY
VANCLEAVE MS 39565

RENEWAL NOTICE

Your flood insurance policy is about to expire.
Renewal premium is required to renew your policy.

Payor: Insured
Property Address:
4700 COLONEL VICKREY RD,
COUNTY OFFICE
VANCLEAVE, MS 39565

NFIP Policy Number 1152357436

Thank you for being a valued Wright Flood policyholder!

Please make your renewal payment on or before the expiration date shown above.

**See page 2 of this notice for important information regarding the impacts of a lapse in coverage.*

Renewing your policy is easy. Submit your payment to Wright Flood by credit card or electronic funds online through the website: <https://www.myfloodpayment.com>. If paying by check, see the instructions on the remittance coupon below.

Your coverage options are provided below. You may keep your current coverage amounts or adjust your coverage for additional protection. If you have questions about your coverage options or your flood policy, please contact your insurance agent.

Please indicate one of the following options when submitting your payment:

Coverage Options	Coverages		Deductibles		Premium
	Building	Contents	Building	Contents	
A: CURRENT COVERAGE	\$65,000	\$50,000	\$1,000	\$1,000	\$1,168.00
B: INCREASED COVERAGE	\$72,000	\$53,000	\$1,000	\$1,000	\$1,213.00

Please RETURN BOTTOM PORTION along with your payment to the mailing address below.



Please WRITE POLICY NUMBER ON CHECK

Renewal Date: 7/15/25

And make payable to: **Wright National Flood Insurance Company**

Option A ☒ **\$1,168.00**
Option B ☐ **\$1,213.00**

Insured: JACKSON COUNTY SCHOOL DISTRICT

To be paid by: Insured

PO. Box 33070
St. Petersburg, FL 33733-8070



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Insured

06000

