



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  
 4295213  
 5/20/25

2000 11523 FLD RGLR

Policy Number  
 23 1152357382 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 COL VICKERY RD  
 VANCLEAVE MS 39565-6632

**RENEWAL NOTICE**

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

**Payor: Insured**  
**Property Address:**

NFIP Policy Number 1152357382

13724 HWY 57,  
 FOOD SERVICE 2  
 VANCLEAVE, MS 39565

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	\$853.00
B: INCREASED COVERAGE	\$72,000	\$53,000	\$1,000	\$1,000	\$874.00

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  \$853.00  
Option B  \$874.00

**Insured:** JACKSON COUNTY SCHOOL DISTRICT

**To be paid by:** Insured

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



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Insured