

# ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

| SECTION A – PROPERTY INFORMATION  |   | FOR INSURANCE COMPANY USE  |   |
|---|---|--|---|
| A1. Building Owner's Name<br>HTS Job# 20-0677 cd  |   | Policy Number:   |   |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>2320 Trinidad Drive  |   | Company NAIC Number:   |   |
| City<br>Crystal Beach   | State<br>TX   | ZIP Code<br>77650  |   |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br>GCAD: 6275-0001-0007-000      LEGAL: Lot 7, Block 1, SANDPIPER BEACH SECTION ONE (1)  |   |  |   |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>   |   |  |   |
| A5. Latitude/Longitude: Lat. <u>29°27'33.9"</u> Long. <u>94°36'59.3"</u>  |   | Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 |   |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.   |   |  |   |
| A7. Building Diagram Number <u>5 (FIVE)</u>   |   |  |   |
| A8. For a building with a crawlspace or enclosure(s): <ul style="list-style-type: none"> <li>a) Square footage of crawlspace or enclosure(s) <u>NA</u> sq ft</li> <li>b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>NA</u></li> <li>c) Total net area of flood openings in A8.b <u>NA</u> sq in</li> <li>d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul> |   |  |   |
| A9. For a building with an attached garage: <ul style="list-style-type: none"> <li>a) Square footage of attached garage <u>NA</u> sq ft</li> <li>b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>NA</u></li> <li>c) Total net area of flood openings in A9.b <u>NA</u> sq in</li> <li>d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul>                                 |   |  |   |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION   |   |  |   |
| B1. NFIP Community Name & Community Number<br>Galveston County, (Unincorp.) - 485470  |   | B2. County Name<br>Galveston   |   |
| B3. State<br>TX - TEXAS   |   |  |   |
| B4. Map/Panel Number<br>48167C  | B5. Suffix<br>0328  | B6. FIRM Index Date<br>Aug 15, 2019  | B7. FIRM Panel Effective/Revised Date<br>Aug 15, 2019 |
| B8. Flood Zone(s)<br>VE   | B9. Base Flood Elevation(s)<br>(Zone AO, use Base Flood Depth)<br>18' |  |   |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:<br><input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____   |   |  |   |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____  |   |  |   |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   |  |   |
| Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA  |   |  |   |

**ELEVATION CERTIFICATE**

|  |                |                   |                                  |
|--|----------------|-------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                    |                |                   | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>2320 Trinidad Drive |                |                   | Policy Number:                   |
| City<br>Crystal Beach  | State<br>Texas | ZIP Code<br>77650 | Company NAIC Number              |

**SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction

\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: HGCSD 64 Vertical Datum: NAVD 88 \*see comments

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929  NAVD 1988  Other/Source: \*See Comments

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

|   |      |  |                                 |
|---|------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)   | 24.0 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor   | NA   | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)   | 22.0 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab)  | NA   | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | NA   | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | 7.7  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | 7.7  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including<br>structural support                               | NA   | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

**SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.  
*I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.*

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No

Check here if attachments.

|  |  |   |                             |
|--|--|---|-----------------------------|
| Certifier's Name<br>Michael Hoover   | License Number<br>5423                 |  |                             |
| Title<br>Registered Professional Land Surveyor (RPLS)  |  |   |                             |
| Company Name<br>High Tide Land Surveying, LLC  | Branch Registration Number<br>10194364 |   |                             |
| Address<br>975 Lazy Lane West  |  |   |                             |
| City<br>Crystal Beach  | State<br>TX                            |   | ZIP Code<br>77650           |
| Signature<br> | Date<br>Aug 18, 2020                   |   | Telephone<br>(409) 684-6400 |

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

\*FOR THIS AREA: NGVD 1929 Datum is vertically equal to NAVD 1988. (NGVD 29 + 0.00 = NAVD 88)

A5: LAT/LONG ESTABLISHED VIA RTK GPS AT SUBJECT TRACT.

THIS CERTIFICATE IS BASED ON CONSTRUCTION DRAWINGS.

(https://www.usps.com/tools/faqs.htm)

[ZIP Code™ by Address \(/zip-code-lookup.htm?byaddress\)](#)  
[ZIP Code™ by City and State \(/zip-code-lookup.htm?bycitystate\)](#)  
[Cities by ZIP Code™ \(/zip-code-lookup.htm?citybyzipcode\)](#)

# Look Up a ZIP Code™

## Cities by ZIP Code™

For more rapid delivery, please use the recommended or recognized city names whenever possible for this ZIP Code™.

**You entered:**

77650

RECOMMENDED CITY NAME

PORT BOLIVAR TX

OTHER CITY NAMES RECOGNIZED FOR ADDRESSES IN THIS ZIP CODE™

CRYSTAL BEACH TX

CITY NAMES TO AVOID

[Look Up Another ZIP Code™](#)

[Edit and Search Again \(/zip-code-lookup.htm?citybyzipcode\)](#)

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FEMA

(//www.fema.gov/)

Navigation

Search

MSC Home (/portal/)

MSC Search by Address  
(/portal/search)

MSC Search All Products  
(/portal/advanceSearch)

MSC Products and Tools  
(/portal/resources/productsandtools)

Hazus  
(/portal/resources/hazus)

LOMC Batch Files  
(/portal/resources/lomc)

Product Availability  
(/portal/productAvailability)

MSC Frequently Asked Questions  
(FAQs) (/portal/resources/faq)

MSC Email Subscriptions  
(/portal/subscriptionHome)

Contact MSC Help  
(/portal/resources/contact)

# FEMA Flood Map Service Center: Search By Address

Enter an address, place, or coordinates: ?

2320 TRINIDAD DR Port Bolivar, TX, 77650 - 2320

Search

Whether you are in a high risk zone or not, you may need [flood insurance](https://www.fema.gov/national-flood-insurance-program) (<https://www.fema.gov/national-flood-insurance-program>) because most homeowners insurance doesn't cover flood damage. If you live in an area with low or moderate flood risk, you are 5 times more likely to experience flood than a fire in your home over the next 30 years. For many, a National Flood Insurance Program's flood insurance policy could cost less than \$400 per year. Call your insurance agent today and protect what you've built.

Learn more about [steps you can take](https://www.fema.gov/what-mitigation) (<https://www.fema.gov/what-mitigation>) to reduce flood risk damage.

## Search Results—Products for GALVESTON COUNTY

Show ALL Products » (<https://msc.fema.gov/portal/availabilitySearch?addcommunity=48167C&communityName=GALVESTON>)

The flood map for the selected area is number **48167C0328G**, effective on **8/15/2019**

### DYNAMIC MAP



(<https://msc.fema.gov/portal/firmette?latitude=29.459883&longitude=-94.616665>)

PRINT MAP/  
FIRMette

### MAP IMAGE



([https://msc.fema.gov/portal/downloadProduct?productTypeID=FINAL\\_PRODUCT&productSubTypeID=FIRM\\_PANEL&productID=48167C0328G](https://msc.fema.gov/portal/downloadProduct?productTypeID=FINAL_PRODUCT&productSubTypeID=FIRM_PANEL&productID=48167C0328G))

DOWNLOAD  
FIRM PANEL

productTypeID=FINAL\_PRODUCT&productSubTypeID=FIRM\_PANEL&productID=48167C0328G).

### Changes to this FIRM ?

Revisions (0)

Amendments (1)

Revalidations (0)

You can choose a new flood map or move the location pin by selecting a different location on the locator map below or by entering a new location in the search field above. It may take a minute or more during peak hours to generate a dynamic FIRMette.

Go To NFHL Viewer » (<https://fema.maps.arcgis.com/home/webmap/viewer.html?webmap=cbe08e7c8704464aa0fc34eb99>)





Texas Farmers Insurance Company  
PO Box 2057 Kalispell MT 59903 USA

Texas Farmers Insurance Company  
<https://www.farmers.com/>  
(888) 391-2810  
NAIC# : 21660

**PROPERTY ADDRESS #:** 2320 TRINIDAD DR, Port Bolivar, TX, 77650  
**POLICY #:** FLD1660041428  
**NFIP POLICY #:** 1660041428  
**POLICY TERM:** 05-29-2024 (12:01 AM) - 05-29-2025 (12:01 AM)  
**POLICY ISSUED BY:** Texas Farmers Insurance Company  
**PAYOR:** JG LOTT LLC

**POLICY FORM:** Dwelling Policy  
**POLICY DECLARATIONS TYPE:** New Policy Declarations  
**RATE CATEGORY :** RatingEngine

#### INSURED NAME & MAILING ADDRESS

JG LOTT LLC  
24511 CLIFF LINE,  
San Antonio, TX, 78257

#### AGENT CONTACT INFORMATION

Jeffrey Burdick  
Jeffrey Burdick  
PO BOX 1980, Winnie, TX, 77665  
Phone : 4092963330

## FLOOD INSURANCE POLICY DECLARATIONS

This Declarations Page is part of your policy. THIS IS NOT A BILL.

### Policy Coverages & Endorsements

|          | COVERAGE   | DEDUCTIBLE | \$ 2,067  |
|----------|------------|------------|---|
| Building | \$ 250,000 | \$ 5,000   | Total Annual Payment                              |
| Contents | \$ 0       | \$ 0       | Includes Premium, Discounts, Fees, and Surcharges |

Coverage limitations may apply. See your Policy Form for details.

Includes Premium, Discounts, Fees, and Surcharges

### Property Information

|                              |  |
|------------------------------|--|
| Primary Residence            | NO   |
| Building Occupancy           | Single Family  |
| Building Description         | Main House/Building  |
| First Floor Height (FFH)     | 16.3   |
| Method Used to Determine FFH | EC   |
| Property Description         | Elevated without enclosure on piers, posts & piles, 2 Floors , Frame |
| Date of Construction         | 12-31-2023   |
| Prior NFIP Claims            | 0 Claim(s)   |

Your property's NFIP flood claims history can affect your premium.

### Premium Calculations

| COMPONENTS OF THE TOTAL                     | PREMIUM         |
|---|-----------------|
| Building Premium:                           | \$ 1,527        |
| Contents Premium:                           | \$ 0            |
| Increased Cost of Compliance (ICC) Premium: | \$ 29           |
| Mitigation Discounts:                       | \$ (56.00)      |
| Community Rating System Discount:           | \$ 0            |
| <b>Full-Risk Premium:</b>                   | \$ 1,500        |
| <b>Discounted Premium:</b>                  | \$ 1,500        |
| Fees and Surcharges:                        |                 |
| Reserve Fund Assessment:                    | \$ 270          |
| HFIAA Surcharge:                            | \$ 250          |
| Federal Policy Fee:                         | \$ 47           |
| <b>Total Premium</b>                        | <b>\$ 2,067</b> |

### ADDITIONAL INTERESTS

Date Mailed: 04-30-2024

If there have been any mortgagee changes, please make sure your profile reflects the changes.  
For questions about your flood insurance rating, contact your agent or insurance company.  
To learn more about your flood risk, please visit FloodSmart.gov





# STANDARD FLOOD INSURANCE APPLICATION

PO Box 2057 Kalispell MT 59903 USA

Texas Farmers Insurance

Company

<https://www.farmers.com/>

(888) 391-2810

|  |   |   |  |  |
|--|---|---|--|--|
| Date<br>04-29-2024   | Application Number<br>FLD1660041428                                 | Effective Date<br>05-29-2024                                  | Expiration Date<br>05-29-2025                                  | Waiting Period<br>Standard - 30 Day Wait   |
| Insured Name(s)<br>JG LOTT LLC   | Mailing Address & Phone<br>24511 CLIFF LINE, San Antonio, TX, 78257 | Property Address<br>2320 TRINIDAD DR, 77650, Port Bolivar, TX | Agency Name, Address & Phone<br>PO BOX 1980, Winnie, TX, 77665 | Email:jburdick@farmersagent.com<br>Phone Number:4092963330<br>Agent Name:Jeffrey Burdick |
| Home Phone:<br>Work Phone:<br>Cell Phone:(210)213-7953<br>Email:jgl1958@aol.com  | Property Address Type: Location                                     |   |  |  |
| Applicant Type: INDIVIDUAL<br>Prior Company NAIC:<br>Prior Policy Number:<br>Prior Company Name:<br>Renewal Billing:   | Other Policy Number:<br>Potential Duplicate Policy:                 |   |  |  |
| <b>Current Community Information</b><br>Community Name:<br>Community Number: 485470<br>Map Panel: 0328<br>Map Panel Suffix: G<br>Current Flood Zone: VE<br>Current Base Flood Elevation(BFE): 19<br>FIRM Date: 04-09-1971<br>Program: FLOODREGULAR<br>Program Status:<br>County:<br>Current Map Date: 04-09-1971<br>Rating Map Date:   |   |   |  |  |
| <b>Prior Community Information</b><br>Community Number:<br>Map Panel:<br>Map Panel Suffix:<br>Flood Zone:<br>FIRM Date: 04-09-1971<br>Has This Property Been Remapped?:<br>Map Revision Date:  |   |   |  |  |
| <b>Prior Policy Information</b><br>Is this a new purchase (within the last year)? YES<br>Prior Owner Policy Number:<br>Prior Owner Company Name:<br>Did the applicant have a prior NFIP policy for the building that lapsed?:<br>Was the policy receiving a PRE-FIRM or Newly Mapped discount?:<br>Mapped discount when it lapsed?:<br>Did the Policy lapse for a valid reason?: |   |   |  |  |

Construction Date  
Date of Original Construction: 12-31-2023  
Building Substantially Improved: NO  
Post-FIRM Construction: YES  
Substantial Improvement Date:  
Building is on list of Historic Buildings:

Is the insured a small business with less than 100 employees? NO  
Is the insured a nonprofit entity? NO

Occupancy Information  
Occupancy Type: Single Family  
Building Description:  
Is this the Applicant's Primary Residence? NO

Date:

APC PRV 07 21





# STANDARD FLOOD INSURANCE QUOTE

PO Box 2057 Kalispell MT 59903 USA

Texas Farmers Insurance

Company

<https://www.farmers.com/>

(888) 391-2810

| Date   | Application Number | Effective Date  | Expiration Date | Waiting Period         |
|--|--------------------|---|-----------------|------------------------|
| 04-29-2024   | FLD1660041428      | 05-29-2024  | 05-29-2025      | Standard - 30 Day Wait |
| <b>Building Information</b>  |                    | Building Located Over Water:Not over Water  |                 |                        |
| Building Located In CBRS/OPA:NO  |                    | Building in Course of Construction:YES  |                 |                        |
| CBRS/OPA Designation Date:   |                    | Building Construction Type:Frame  |                 |                        |
| If the building is in the buffer zone, did USFWS issue an official determination showing the building outside the system unit or OPA?: |                    | Construction Type Description:  |                 |                        |
| Is the building use consistent with the protected area purpose?:   |                    | Estimated Building Replacement Cost:425000  |                 |                        |
| Prior NFIP Claims:   |                    | Replacement Cost Value Returned by FEMA:259494  |                 |                        |
| Building Severe Repetitive Loss (SRL)  |                    | Total sq. footage of building:1742  |                 |                        |
| Property:  |                    | Total # of floors in building:2   |                 |                        |
| Property on NFIP SRL list, Document(s) provided indicating non-SRL:  |                    | Total # of units in building:1  |                 |                        |
| Coverage Req'd for Disaster Assistance:  |                    | What floor is the unit located on?:   |                 |                        |
| Foundation Information   |                    | Number of Detached Structures:0   |                 |                        |
| Foundation:Elevated without enclosure on piers, posts & piles  |                    | Building Located on Federal Land:   |                 |                        |
| Enclosure/Crawlspace Size:   |                    | Is the policy force-placed by the lender?:  |                 |                        |
| Number of Elevators:   |                    | Mobilehome/Travel Trailer Information   |                 |                        |
| Venting Information (excluding V-Zones)  |                    | On Permanent Foundation:  |                 |                        |
| Enclosure/Crawlspace Has Valid Flood Openings:   |                    | Anchored By:  |                 |                        |
| Number of Openings:  |                    | Serial Number:  |                 |                        |
| Building Machinery, Equipment and Appliances   |                    | Area of Permanent Openings (Sq. In.):   |                 |                        |
| Does the building contain appliances?:   |                    | Has Engineered Openings:  |                 |                        |
| Are all appliances elevated above the first floor?:  |                    | Does the building contain machinery and equipment servicing the building?:  |                 |                        |
| Elevation Certificate Information  |                    | Is all machinery and equipment servicing the building, located inside or outside the building, elevated above the first floor?: YES |                 |                        |
| Elevation Certificate Section Used:C   |                    | Floodproofing Certificate:  |                 |                        |
| Elevation Certificate Date:08-18-2020  |                    | Flood Proofing Elevation:   |                 |                        |
| Diagram Number:5   |                    | Lowest (Rating) Floor Elevation:  |                 |                        |
| Top of Bottom Floor:24   |                    | Elevation Certificate First Floor Height:16.3   |                 |                        |
| Top of Next Higher Floor:  |                    | FEMA First Floor Height:16.3  |                 |                        |
| Lowest Adjacent Grade (LAG):7.7  |                    | First Floor Height Method Used:EC   |                 |                        |

## Premium Calculations

| RISK RATING 2.0 | COVERAGE   | DEDUCTIBLE | COMPONENTS OF THE TOTAL                     | AMOUNT DUE                                  |
|-----------------|------------|------------|---|---|
| Building        | 250,000.00 | 5,000.00   | Building Premium:                           | \$ 1,527.00                                 |
| Content         | 0.00       | 0.00       | Content Premium:                            | \$ 0.00                                     |
|                 |            |            | Increased Cost of Compliance (ICC) Premium: | \$ 29.00                                    |
|                 |            |            | Mitigation Discount:                        | <span style="color: red;">\$ (56.00)</span> |
|                 |            |            | Community Rating System Reduction:          | \$ 0.00                                     |
|                 |            |            | Full Risk Premium:                          | \$ 1,500.00                                 |
|                 |            |            | Annual Increase Cap Discount:               | \$ 0.00                                     |
|                 |            |            | Pre-Firm Discount:                          | \$ 0.00                                     |
|                 |            |            | Discounted Premium:                         | \$ 1,500.00                                 |
|                 |            |            | Reserve Fund Assessment:                    | \$ 270.00                                   |
|                 |            |            | HFIAA Surcharge:                            | \$ 250.00                                   |
|                 |            |            | Federal Policy Fee:                         | \$ 47.00                                    |
|                 |            |            | Probation Surcharge:                        | \$ 0.00                                     |
|                 |            |            | Total Quoted Premium                        | <b>\$ 2,067.00</b>                          |

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

Date:

APC PRV 07 21



# FLD1660041428 / JG LOTT LLC

2320 TRINIDAD DR, Port Bolivar, Galveston County, TX,

77650 - 2320

24511 CLIFF LINE, San Antonio, Bexar County, TX, 78257

Quote Source: AGENT

jgl1958@aol.com

(210)213-7953

Renew indicator : BATCH RENEWAL

Agent Tasks :

Term Start Date : 05/29/2024

Term End Date :

05/29/2025

Transaction Type :

New Busi  
Business

Transaction Eff. Dt. : 05/29/2024  
Last Updated By : MARCUS DUNCAN

Waiting Period:  
Applicant Date :

Standard - 30 Day Wait  
04/29/2024

Last Updated Date :

04-30-20

|        |   |          |             |     |
|--------|---|----------|-------------|-----|
| Claims | 0 | Loss Run | Risk Rating | 2.0 |
|--------|---|----------|-------------|-----|

Total Premium Change : \$2,067.00  
Total Premium : \$2,067.00

Bill To :

POLHOLDER

Serv Rep :  
U/writer :  
Product Name :

Flood Prc

Coverage

Property Info

Additional info

Billing

[Account View](#) [Receivable View](#) [Invoicing](#) [Subledger](#)   Unposted

Policy Transaction

| ACCOUNTING DT. | TRANS TYPE | TRANS REF                      | CHECK NO | CERTIFIED DATE | DEBIT      | CREDIT       | BALANCE      | SYS |
|----------------|------------|--------------------------------|----------|----------------|------------|--------------|--------------|-----|
| 04/29/2024     | PAYMENT    | <a href="#">F2166000025862</a> |          | 04/29/2024     | \$0.00     | \$(2,067.00) | \$(2,067.00) | 04, |
| 04/30/2024     | INVOICE    | <a href="#">INV00822091</a>    |          |                | \$2,067.00 | \$0.00       | \$0.00       | 04, |

Forms

Tickets

Commission

[Log](#) [Documents](#) [Agent Portal](#) [Customer Portal](#)

Term Selection: (1306601)

05-29-2024/05-29-2025

Transaction Selection: (1770338)

NEWBUSINESS - ISSUED

Last transaction

New Business by MARCUS DUNCAN  
Transaction date: 04-30-2024

**Transaction Eff. Dt. 2024-05-29**

**Note**

(04-30-2024) Aprvd NB  
effective 5/29/24, 30 day wait  
from Premium Submission  
date of 4/29/24....

**Agency Info**

08811-07492-000 Jeffrey  
Burdick  
**Jeffrey Burdick**  
PO BOX 1000

[Notes](#)[System Log](#)[Pivot Response Log](#)**Notes**[Print Log](#)

Type note here

0/500

**Make hidden? :** [Save Note](#)[Reset](#)

| Date                  | Description  | Inserted By   | Mark Hidden              |
|-----------------------|--|---------------|--------------------------|
| 04-30-2024 2:28:24 PM | Aprvd NB effective 5/29/24, 30 day wait from Premium Submission date of 4/29/24. Premium received within 9 days of Application Submission date of 4/29/24.<br>Construction Drawings EC on file used for rating. No photos required. Not Primary Residence. | MARCUS DUNCAN | <input type="checkbox"/> |
| 04-30-2024 2:23:25 PM | Property Address Changed to 2320 TRINIDAD DR,Port  | MARCUS DUNCAN | <input type="checkbox"/> |

[10](#)[25](#)[30](#)[50](#)