

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB Control No. 1660-0008
Expiration Date: 06/30/2026

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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: <u>DENIS MAULINI GUNCET</u>		Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>1600 S.W. 14th STREET</u>		Company NAIC Number: _____
City: <u>FORT LAUDERDALE</u> State: <u>FL</u> ZIP Code: <u>33312</u>		
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>LOT 1, BLOCK 5, RIVERSIDE ESTATES 2ND REVISION, P.B.28, PG. 10, BROWARD COUNTY, FL. ID # 5042 16 07 0310</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>26.103999°</u> Long. <u>-80.162791°</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84		
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).		
A7. Building Diagram Number: <u>3</u>		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s): <u>N/A</u> sq. ft.		
b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u>		
d) Total net open area of non-engineered flood openings in A8.c: <u>N/A</u> sq. in.		
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>N/A</u> sq. ft.		
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.		
A9. For a building with an attached garage:		
a) Square footage of attached garage: <u>N/A</u> sq. ft.		
b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u>		
d) Total net open area of non-engineered flood openings in A9.c: <u>N/A</u> sq. in.		
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>N/A</u> sq. ft.		
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.		
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		
B1.a. NFIP Community Name: <u>CITY OF FORT LAUDERDALE</u>		B1.b. NFIP Community Identification Number: <u>125105</u>
B2. County Name: <u>Broward</u>	B3. State: <u>FL</u>	B4. Map/Panel No.: <u>12011C0556</u> B5. Suffix: <u>J</u>
B6. FIRM Index Date: <u>7-31-2024</u>		B7. FIRM Panel Effective/Revised Date: <u>7-31-2024</u>
B8. Flood Zone(s): <u>0.2% AND AE</u>		B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>6 feet</u>
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____		
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: <u>N/A</u> <input type="checkbox"/> CBRS <input type="checkbox"/> OPA		
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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1600 S.W. 14th STREET

City: FORT LAUDERDALE

State: FL

ZIP Code: 33312

FOR INSURANCE COMPANY USE

Policy Number: _____

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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: BM#: SW684, ELEV: 4.616' Vertical Datum: N.A.V.D. 1988

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

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other: _____

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

☐ Yes ☒ No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor): 6.2 ☒ feet ☐ meters

b) Top of the next higher floor (see Instructions): 6.6 ☒ feet ☐ meters

c) Bottom of the lowest horizontal structural member (see Instructions): N/A ☐ feet ☐ meters

d) Attached garage (top of slab): N/A ☐ feet ☐ meters

e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): 5.3 ☒ feet ☐ meters

f) Lowest Adjacent Grade (LAG) next to building: ☐ Natural ☒ Finished 5.2 ☒ feet ☐ meters

g) Highest Adjacent Grade (HAG) next to building: ☐ Natural ☒ Finished 5.6 ☒ feet ☐ meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: N/A ☐ feet ☐ 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 state 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 and describe in the Comments area.

Certifier's Name: Eugenia L. Formoso License Number: 6660

Title: Professional Surveyor & Mapper

Company Name: Formtech Land Surveying Inc.

Address: 12455 S.W. 45th Street

City: Miami State: FL ZIP Code: 33175

EUGENIA L FORMOSO

Signature: _____ Date: 10-02-2024

Digitally signed by EUGENIA L FORMOSO
Date: 2024.10.09 10:05:52 -04'00'

Telephone: (786)429-3034 Ext.: N/A Email: formtechsurveyors@gmail.com



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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):

C2 a) Lowest Floor Elev.: 6.2' b) Next Floor Elev: 6.6' e) M&E A/C on grass: 5.3' (Left side)
Crown of road: 5.4' Electric meter bottom elev.: 9.5'

Horizontal Collection Method used for Latitude and Longitude: STONEX S900A/S9II Gps

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Company NAIC Number: _____

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☐ Finished Construction

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

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge*

☐ Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: FL ZIP Code: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

1600 S.W. 14th STREET

City: FORT LAUDERDALE

State: FL

ZIP Code: 33312

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. ☐ A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. ☐ A local official completed Section H for insurance purposes.
- G3. ☐ In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. ☐ The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ ☐ feet ☐ meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ ☐ feet ☐ meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ ☐ feet ☐ meters Datum: _____
- G11. Variance issued? ☐ Yes ☐ No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: FL ZIP Code: _____

Signature: _____ Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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1600 S.W. 14th STREET

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State: FL

ZIP Code: 33312

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5–9. Top of bottom _____ ☐ feet ☐ meters ☐ above the LAG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next _____ ☐ feet ☐ meters ☐ above the LAG higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is:

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

☐ Yes ☐ No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

☐ Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: FL ZIP Code: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS
See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
1600 S.W. 14th STREET

City: FORT LAUDERDALE State: FL ZIP Code: 33312

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption:

Front View 10-02-2024

Clear Photo One



Photo Two

Photo Two Caption:

Rear View 10-02-2024

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS
Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
1600 S.W. 14th STREET

City: FORT LAUDERDALE State: FL ZIP Code: 33312

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo Three

Photo Three Caption:

Right View 10-02-2024

Clear Photo Three



Photo Four

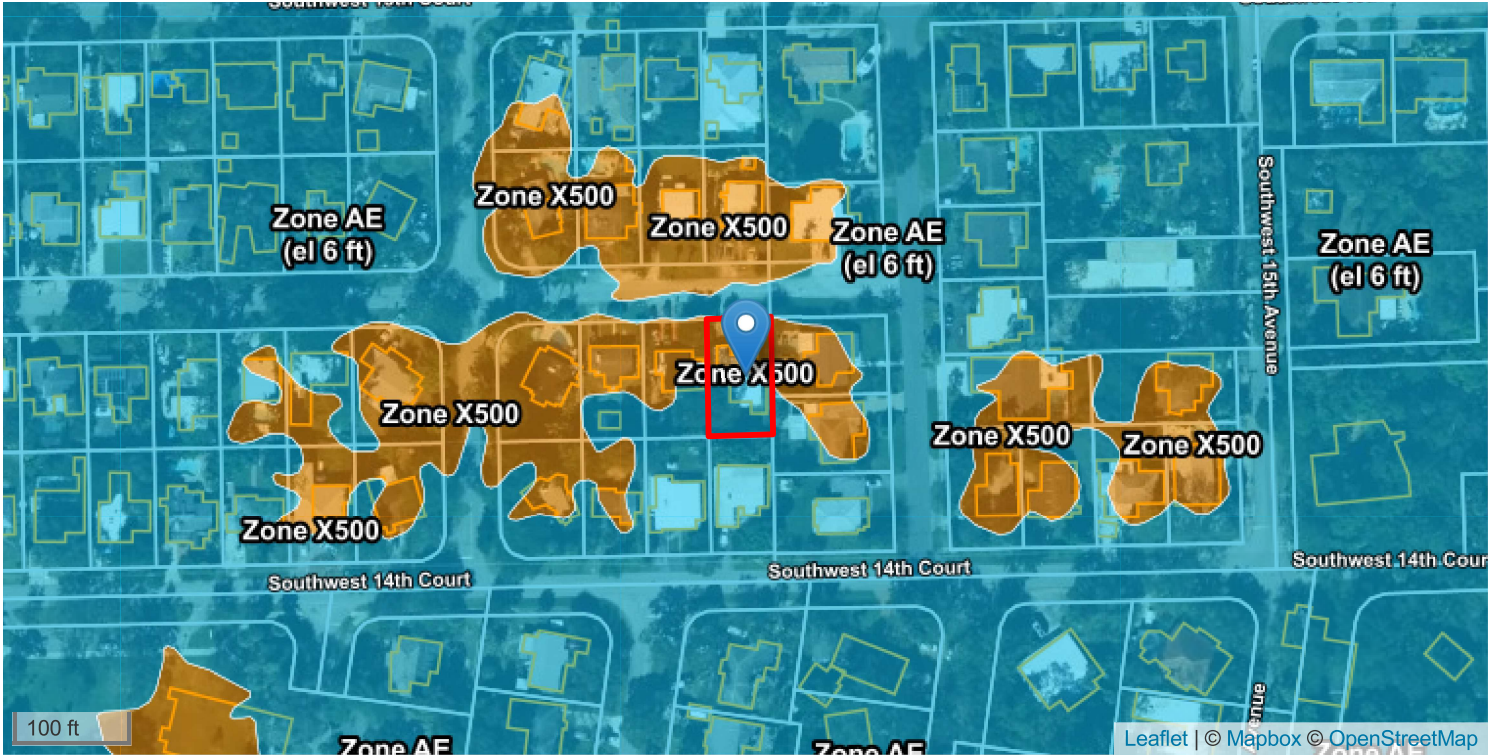
Photo Four Caption:

Left View 10-02-2024

Clear Photo Four

FloodRisk Standard

Provided Location	1600 SW 14TH ST, FORT LAUDERDALE, FL 33312		
Standardized Location	1600 SW 14TH ST, FORT LAUDERDALE, FL 33312-4102		
Latitude, Longitude	26.103995, -80.162773	Parcel ID	504216070310
FIPS / MSA / Tract	12011 / 22744 / 427	Community No.	125105
Community Name	FORT LAUDERDALE, CITY OF		
County Name	BROWARD		



Flood Zone	Zone AE		Next Nearest Zone (Dist.)	X500 (4 ft)	
BFE	6 Feet NAVD88 (7.58 ft NGVD29)		USGS Ground Elev	6 ft NAVD88	
FEMA Map	12011C0556J, 07/31/2024		Previous Map	12011C0556H, 08/18/2014, Zone X	
NFIP Status	PARTICIPATING	NFIP Program	REGULAR	First FIRM	11/03/1972
LOMA or LOMR	NO	CBRS / OPA	NO	EC On-File	NO
Claims* \$ / #	\$204,367,418 / 5570	NFIP PIF*	41464	NFIP Discount	15%
Flood Source	859 ft	Salt Water	20479 ft	Fresh Water	1007 ft

*Aggregated by NFIP community.

Copyright Xactus. All Rights Reserved. This is not a guaranteed flood hazard determination, it is not a substitute for an elevation certificate, and it cannot be used to acquire a Letter of Map Amendment. Go to massivecert.com for certified products, building elevation and construction data, and flood risk scores. If you have questions about this report, call us toll-free at 844-4EZ-CERT, or email us at customersupport@xactus.com.



STANDARD FLOOD INSURANCE APPLICATION

PEOPLE'S TRUST
INSURANCE COMPANY

<https://peoplestrustinsurance.com>

PO Box 2057, Kalispell, MT, 59903

(561) 417-1111

Date	Application Number	Effective Date	Expiration Date	Waiting Period
11-04-2024	FLD3125001862	11-05-2024	11-05-2025	Map Revision - One Day

Insured Name(s)	Mailing Address & Phone	Property Address	Agency Name, Address & Phone
DENIS MAULINI GUNCET	1600 SW 14th St, Fort Lauderdale, FL, 33312 Home Phone: Work Phone: Cell Phone: (786)333-5796 Email: denismaulini@gmail.com	1600 SW 14TH ST, Fort Lauderdale, FL, 33312 Property Address Type: Location	1501 SW 11th Way Ste 100, Deerfield Beach, FL, 33441 Email: nickf@toplineinsurance.com Phone Number: Agent Name: TopLine Insurance Agency, LLC

Applicant Type:INDIVIDUAL

Prior Company NAIC:

Prior Policy Number:

Other Policy Number:

Potential Duplicate Policy:

Prior Company Name:

Renewal Billing:

1st Mortgagee

JP Morgan Chase Bank NA ISAOA/ATIMA

PO BOX4465,

Springfield, Clark County , OH, 45501

Phone Number:

Fax Number:

Loan Number:1332362462

Required under

Mandatory

Purchase:

Current Community Information

Community Name:

Community Number:125105

Map Panel:0556

Map Panel Suffix:J

Current Flood Zone:AE

Current Base Flood Elevation(BFE):6

FIRM Date:11-03-1972

Program:FLOODREGULAR

Program Status:

County:Broward County

Current Map Date:07-31-2024

Rating Map Date:

Prior Community Information

Community Number:125105

Map Panel:0556

Map Panel Suffix:F

Flood Zone:X

FIRM Date:11-03-1972

Has This Property Been Remapped?:

Map Revision Date:

Construction Date

Date of Original Construction:12-31-1951

Building Substantially Improved:NO

Post-FIRM Construction:NO

Substantial Improvement Date:

Building is on list of Historic Buildings:

Prior Policy Information

Is this a new purchase (within the last year)?:NO

Prior Owner Policy Number:

Prior Owner Company Name:

Did the applicant have a prior NFIP policy for the building that lapsed?:

Was the policy receiving a PRE-FIRM or

Newly Mapped discount?:

Mapped discount when it lapsed?:

Did the Policy lapse for a valid reason?:

Occupancy Information

Occupancy Type:Single Family

Building Description:

Is this the Applicant's Primary

Residence: YES

Is the insured a small business with

less than 100 employees?: NO

Is the insured a nonprofit entity?:NO

Date:

APC PRV 07 21





STANDARD FLOOD INSURANCE APPLICATION

PEOPLE'S TRUST
INSURANCE COMPANY

<https://peoplestrustinsurance.com>

PO Box 2057, Kalispell, MT, 59903

(561) 417-1111

Date	Application Number	Effective Date	Expiration Date	Waiting Period
11-04-2024	FLD3125001862	11-05-2024	11-05-2025	Map Revision - One Day
Building Information Building Located In CBRS/OPA:NO CBRS/OPA Designation Date: If the building is in the buffer zone, did USFWS issue an official determination showing the building outside the system unit or OPA?: Is the building use consistent with the protected area purpose?: Prior NFIP Claims: Building Severe Repetitive Loss (SRL) Property: Property on NFIP SRL list, Document(s) provided indicating non-SRL: Coverage Req'd for Disaster Assistance:		Building Located Over Water: Not over Water Building in Course of Construction: NO Building Construction Type: Masonry Construction Type Description: Estimated Building Replacement Cost: 396110 Replacement Cost Value Returned by FEMA: 154578 Total sq. footage of building: 896 Total # of floors in building: 1 Total # of units in building: 1 What floor is the unit located on?: Number of Detached Structures: 0 Building Located on Federal Land: Is the policy force-placed by the lender?:		
Foundation Information Foundation:Slab on Grade (non-elevated) Enclosure/Crawlspace Size: Number of Elevators:		Mobilehome/Travel Trailer Information On Permanent Foundation: Anchored By: Serial Number:		
Venting Information (excluding V-Zones) Enclosure/Crawlspace Has Valid Flood Openings: Number of Openings:		Area of Permanent Openings (Sq. In.): Has Engineered Openings:		
Building Machinery, Equipment and Appliances Does the building contain appliances?: Are all appliances elevated above the first floor?:		Does the building contain machinery and equipment servicing the building?: Is all machinery and equipment servicing the building, located inside or outside the building, elevated above the first floor?: NO		
Elevation Certificate Information Elevation Certificate Section Used:C Elevation Certificate Date:10-02-2022 Diagram Number:3 Top of Bottom Floor:6.2 Top of Next Higher Floor:6.6 Lowest Adjacent Grade (LAG):5.2		Floodproofing Certificate: Flood Proofing Elevation: Lowest (Rating) Floor Elevation: Elevation Certificate First Floor Height: 1 FEMA First Floor Height: 1 First Floor Height Method Used: EC		

Premium Calculations

RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	AMOUNT DUE
Building	232,000.00	5,000.00	Building Premium:	\$ 933.00
Content	0.00	0.00	Content Premium:	\$ 0.00
			Increased Cost of Compliance (ICC) Premium:	\$ 18.00
			Mitigation Discount:	\$ 0.00
			Community Rating System Reduction:	\$ (113.00)
			Full Risk Premium:	\$ 838.00
			Annual Increase Cap Discount:	\$ 0.00
			Newly Mapped Discount:	\$ (207.00)
			Pre-Firm Discount:	\$ 0.00
			Discounted Premium:	\$ 631.00
			Reserve Fund Assessment:	\$ 114.00
			HFIAA Surcharge:	\$ 25.00
			Federal Policy Fee:	\$ 47.00
			Probation Surcharge:	\$ 0.00
			Total Quoted Premium	\$ 817.00

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

Date:

APC PRV 07 21





Flood Insurance Payment Confirmation Receipt

Quote Number: TMP241104117653

Policy Number: FLD3125001862

Insured Name: DENIS MAULINI GUNCET

Property Address: 1600 SW 14TH ST, Fort Lauderdale, FL, 33312

Transaction Date: 11/04/2024

Remittance ID: 27J19J7U

Premium Paid: \$817



PEOPLE'S TRUST INSURANCE COMPANY
PO Box 2057 Kalispell MT 59903 United States

PEOPLE'S TRUST INSURANCE COMPANY
<https://peoplestrustinsurance.com>
(561) 417-1111
NAIC# : 13125

PROPERTY ADDRESS #: 1600 SW 14TH ST, Fort Lauderdale, FL, 33312
POLICY #: FLD3125001862
NFIP POLICY #: 3125001862
POLICY TERM: 11-05-2024 (12:01 AM) - 11-05-2025 (12:01 AM)
POLICY ISSUED BY: PEOPLE'S TRUST INSURANCE COMPANY
PAYOR: JP Morgan Chase Bank NA ISAOA/ATIMA

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

INSURED NAME & MAILING ADDRESS

DENIS MAULINI GUNCET
1600 SW 14th St,
Fort Lauderdale, FL, 33312

AGENT CONTACT INFORMATION

TopLine Insurance Agency, LLC
1501 SW 11th Way Ste 100, Deerfield Beach, FL, 33441

Phone :

FLOOD INSURANCE POLICY DECLARATIONS

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

Policy Coverages & Endorsements

	COVERAGE	DEDUCTIBLE	
Building	\$ 232,000	\$ 5,000	\$ 817
Contents	\$ 0	\$ 0	
Coverage limitations may apply. See your Policy Form for details.			Total Annual Payment
			Includes Premium, Discounts, Fees, and Surcharges

Property Information

Primary Residence	YES
Building Occupancy	Single Family
Building Description	Main House/Building
First Floor Height (FFH)	1
Method Used to Determine FFH	EC
Property Description	Slab on Grade (non-elevated), 1 Floors , Masonry
Date of Construction	12-31-1951
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:	\$ 933
Contents Premium:	\$ 0
Increased Cost of Compliance (ICC) Premium:	\$ 18
Community Rating System Discount:	\$ (113.00)
Full-Risk Premium:	\$ 631
Statutory Discounts:	
Newly Mapped Discount:	\$ (207.00)
Discounted Premium:	\$ 631
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 114
HFIAA Surcharge:	\$ 25
Federal Policy Fee:	\$ 47
Total Premium	\$ 817

ADDITIONAL INTERESTS

First Mortgagee
JP Morgan Chase Bank NA ISAOA/ATIMA,
PO BOX4465,
Springfield, OH, 45501
Loan # : 1332362462

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

Date Mailed: 11-05-2024

