

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

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

94052EC

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

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>KIMETH W. GARDNER AND CATHY M. GARDNER</u>	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>3604 ROYAL PALM DRIVE</u>	Company NAIC Number: _____
City: <u>BRADENTON</u> State: <u>FLORIDA</u> ZIP Code: <u>34210</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>LOT 80, SAN REMO SHORES, UNIT NO. 2</u> <u>PIO: 7527300003</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>RESIDENTIAL</u>	
A5. Latitude/Longitude: Lat. <u>27.46952248</u> Long. <u>-82.66070557</u> Horizontal Datum: <u>0</u> NAO 1927 <input checked="" type="checkbox"/> NAO 1983 <u>0</u> WGS 84	
A6. Attach at least two and when possible four clear color photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>1A</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): <u>NIA</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>[KI N/A]</u> 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>NIA</u> Engineered flood openings: <u>NIA</u> d) Total net open area of non-engineered flood openings in A8.c: <u>NIA</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation - see Instructions): <u>NIA</u> sq. ft. f) Sum of A8.d and A8.e rated area (if applicable - see Instructions): <u>NIA</u> sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: <u>810</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>[KI N/A]</u> c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>NIA</u> Engineered flood openings: <u>NIA</u> d) Total net open area of non-engineered flood openings in A9.c: <u>NIA</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation - see Instructions): <u>NIA</u> sq. ft. f) Sum of A9.d and A9.e rated area (if applicable - see Instructions): <u>NIA</u> sq. ft.	
SECTION B- FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
81.a. NFIP Community Name: <u>MANATEE COUNTY</u>	81 .b. NFIP Community Identification Number: <u>120153</u>
82. County Name: <u>MANATEE</u>	83. State: <u>FLORIDA</u> 84. Map/Panel No.: <u>12081C-0281</u> 85. Suffix: <u>F</u>
86. FIRM Index Date: <u>8/10/2021</u>	87. FIRM Panel Effective/Revised Date: <u>8/10/2021</u>
88. Flood Zone(s): <u>AEANDVE</u>	89. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>8' AND 11'</u>
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item 89: <input checked="" type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input checked="" type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other: _____	
B11. Indicate elevation datum used for BFE in Item 89: <input checked="" type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVO 1988 <input checked="" type="checkbox"/> Other/Source: _____	
812. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input checked="" type="checkbox"/> CBRS <input checked="" type="checkbox"/> OPA	
813. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

ELEVATION CERTIFICATE

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94052EC

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

3604 ROYAL PALM DRIVE

City: BRADENTON

State: FLORIDA

ZIP Code: 34210

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 A?. In Puerto Rico only, enter meters.

Benchmark Utilized: GPS: BROWARDALE; D04776; 4.83

Vertical Datum: NAVO 1988

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

☐ NGVD 1929 ☒ NAVO 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):

6.7

☒ feet ☐ meters

b) Top of the next higher floor (see Instructions):

15.7

☒ feet ☐ meters

c) Bottom of the lowest horizontal structural member (see Instructions):

N/A

☒ feet ☐ meters

d) Attached garage (top of slab):

6.4

☒ 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):

6.3

☒ feet ☐ meters

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

5.6

☒ feet ☐ meters

g) Highest Adjacent Grade (HAG) next to building: ☐ Natural ☐ Finished

6.6

☒ 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: JON SHOEMAKER

License Number: 5144

Title: PROFESSIONAL SURVEYOR AND MAPPER

Company Name: FIRST CHOICE SURVEYING, INC.

Address: PO BOX 470978

City: LAKE MONROE

State: FLORIDA

ZIP Code: 32747

Signature: _____

Date: 10/15/2024

Telephone: P:(407)951-3425

Ext.: _____

Email: _____



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):

NOTE: C2.E= AC UNIT PAD.

NOTE: THIS ELEVATION CERTIFICATE IS ONLY VALID FOR THE PERSON OR PERSONS NAMED ON THIS CERTIFICATE. THIS CERTIFICATE IS FOR FLOOD INSURANCE PURPOSES ONLY. THE INFORMATION ON THIS CERTIFICATE SHOULD NOT BE USED FOR CONSTRUCTION OR PLANNING. UNDER F.S. 558.0035, AN INDIVIDUAL EMPLOYEE OR AGENT MAY NOT BE HELD LIABLE FOR NEGLIGENCE.

CENTERLINE ROAD ELEVATION: 5.5

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

94052EC

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3604 ROYAL PALM DRIVE

City: BRADENTON

State: FLORIDA

ZIP Code: 34210

FOR INSURANCE COMPANY USE

Policy Number: _____

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

serving 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: _____ ZIP Code: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

94052EC

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

3604 ROYAL PALM DRIVE

City: BRADENTON

State: FLORIDA

ZIP Code: 34210

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: _____ 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 INSTRUCTION PAGES 1-11

94052EC

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

3604 ROYAL PALM DRIVE

City: BRADENTON

State: FLORIDA

ZIP Code: 34210

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 5-8.** Top of bottom _____ feet meters above the LAG floor (include above-grade floors only for buildings with 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: _____ ZIP Code: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments: _____

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

94052EC

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

3604 ROYAL PALM DRIVE

City: BRADENTON

State: FLORIDA

ZIP Code: 34210

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 AB and A9.



Photo One

Photo One Caption: Front View 10/15/2024



Photo Two

Photo Two Caption: Rear View 10/15/2024

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
BUILDING PHOTOGRAPHS

Continuation Page

94052EC

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

3604 ROYAL PALM DRIVE

City: BRADENTON

State: FLORIDA

ZIP Code: 34210

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.

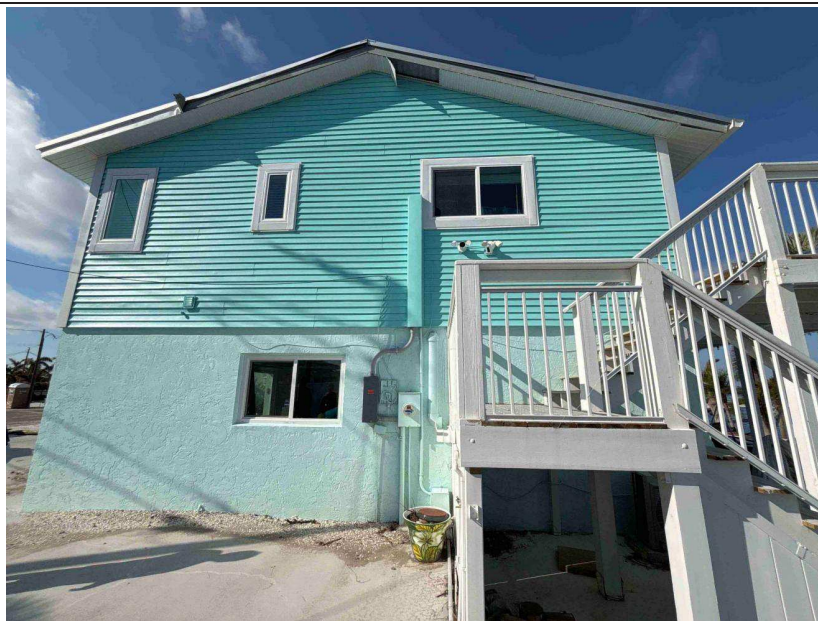


Photo Three

Photo Three Caption: Right Side View 10115120²4



Photo Four

Photo Four Caption: Left Side View 1011512024

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

94052EC

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

3604 ROYAL PALM DRIVE

City: BRADENTON

State: FLORIDA

ZIP Code: 34210

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 AB and A9.

Photo Five

Photo Five Caption:

Photo Six

Photo Six Caption:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

94052EC

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

3604 ROYAL PALM DRIVE

City: BRADENTON

State: FLORIDA

ZIP Code: 34210

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 AB and A9.

Photo Seven

Photo Seven Caption:

Photo Eight

Photo Eight Caption:



STANDARD FLOOD INSURANCE APPLICATION

PO Box 2057, Kalispell, MT, 59903

MONARCH NATIONAL
INSURANCE COMPANY
<https://monarchnational.com/>
(800) 219-3102

Date	Application Number	Effective Date	Expiration Date	Waiting Period
10-23-2024	FLD5715011384	10-24-2024	10-24-2025	Loan Transaction - No Wait

Insured Name(s)	Mailing Address & Phone	Property Address	Agency Name, Address & Phone
KIMETH GARDNER	3604 Royal Palm Dr, Bradenton, FL, 34210 Home Phone: Work Phone: Cell Phone: (941)268-7660 Email: kgardner@gardnerthomascpas.com	3604 ROYAL PALM DR, Bradenton, FL, 34210 Property Address Type: Location	7330 CORTEZ RD W, Bradenton, FL, 34210 Email: w.mahler@academyins.net Phone Number: 9417584600 Agent Name: ACADEMY INSURANCE AGENCY INC

Applicant Type:INDIVIDUAL

Prior Company NAIC:

Prior Policy Number:5715000988

Prior Company Name:

Monarch National Insurance Company

Renewal Billing:

Other Policy Number:

Potential Duplicate Policy:

1st Mortgagee

Gulfside Bank ISAOA, ATIMA

333 N. Orange Ave,

Sarasota, Sarasota County , FL, 34236

Phone Number:

Fax Number:

Loan Number:4001003554

Required under

Mandatory

Purchase:

Current Community Information

Community Name:

Community Number:120153

Map Panel:0281

Map Panel Suffix:F

Current Flood Zone:AE

Current Base Flood Elevation(BFE):8

FIRM Date:06-25-1971

Program:FLOODREGULAR

Program Status:

County:Manatee County

Current Map Date:08-10-2021

Rating Map Date:

Prior Community Information

Community Number:

Map Panel:

Map Panel Suffix:

Flood Zone:

FIRM Date:06-25-1971

Has This Property Been Remapped?:

Map Revision Date:

Construction Date

Date of Original Construction:12-31-1983

Building Substantially Improved:NO

Post-FIRM Construction:YES

Substantial Improvement Date:

Building is on list of Historic Buildings:

Prior Policy Information

Is this a new purchase (within the last year):YES

Prior Owner Policy Number:5715000988

Prior Owner Company Name:

Monarch National Insurance Company

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 the insured a small business with

less than 100 employees?: NO

Date:

APC PRV 07 21





STANDARD FLOOD INSURANCE APPLICATION

PO Box 2057, Kalispell, MT, 59903

MONARCH NATIONAL INSURANCE COMPANY
https://monarchnational.com/
(800) 219-3102

Date	Application Number	Effective Date	Expiration Date	Waiting Period
10-23-2024	FLD5715011384	10-24-2024	10-24-2025	Loan Transaction - No Wait
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: Frame Construction Type Description: Estimated Building Replacement Cost: 1074377 Replacement Cost Value Returned by FEMA: 331694 Total sq. footage of building: 1941 Total # of floors in building: 2 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:10-15-2024 Diagram Number:1A Top of Bottom Floor:6.7 Top of Next Higher Floor:15.7 Lowest Adjacent Grade (LAG):5.6	Floodproofing Certificate: Flood Proofing Elevation: Lowest (Rating) Floor Elevation: Elevation Certificate First Floor Height: 1.1 FEMA First Floor Height: 1.1 First Floor Height Method Used: EC
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Premium Calculations

RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	AMOUNT DUE
Building	250,000.00	5,000.00	Building Premium:	\$ 4,428.00
Content	25,000.00	2,000.00	Content Premium:	\$ 1,014.00
			Increased Cost of Compliance (ICC) Premium:	\$ 75.00
			Mitigation Discount:	\$ 0.00
			Community Rating System Reduction:	\$ (19.00)
			Full Risk Premium:	\$ 5,498.00
			Annual Increase Cap Discount:	\$ 0.00
			Pre-Firm Discount:	\$ 0.00
			Discounted Premium:	\$ 5,498.00
			Reserve Fund Assessment:	\$ 990.00
			HFIAA Surcharge:	\$ 25.00
			Federal Policy Fee:	\$ 47.00
			Probation Surcharge:	\$ 0.00
			Total Quoted Premium	\$ 6,560.00

Signature of Insurance Agent/Producer Date Signature of Policy Holder (Optional) Date



FloodRisk Standard

Provided Location	3604 ROYAL PALM DR, BRADENTON, FL 34210		
Standardized Location	3604 ROYAL PALM DR, BRADENTON, FL 34210-1301		
Latitude, Longitude	27.469525, -82.660682	Parcel ID	7527300003
FIPS / MSA / Tract	12081 / 35840 / 11.07	Community No.	120153
Community Name	MANATEE COUNTY *		
County Name	UNINCORPORATED AREAS		



Flood Zone	Zone AE	Next Nearest Zone (Dist.)	X (1495 ft)		
BFE	8 Feet NAVD88 (8.99 ft NGVD29)	USGS Ground Elev	5 ft NAVD88		
FEMA Map	12081C0281F, 08/10/2021	Previous Map	12081C0281E, 03/17/2014, Zone VE		
NFIP Status	PARTICIPATING	NFIP Program	REGULAR	First FIRM	06/26/1971
LOMA or LOMR	NO	CBRS / OPA	NO	EC On-File	NO
Claims* \$ / #	\$37,459,058 / 3051	NFIP PIF*	21380	NFIP Discount	25%
Flood Source	55 ft	Salt Water	74 ft	Fresh Water	1428 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.



Flood Insurance Payment Confirmation Receipt

Quote Number: TMP241023657448

Policy Number: FLD5715011384

Insured Name: KIMETH GARDNER

Property Address: 3604 ROYAL PALM DR, Bradenton, FL, 34210

Transaction Date: 10/23/2024

Remittance ID: 27IN25S5

Premium Paid: \$6560

Dunlap & Moran, P.A.
ALTA Universal ID:
P.O. Box 3948
Sarasota, FL 34230

File No./Escrow No. : 12166-4
Print Date & Time: October 23, 2024 9:06 am
Officer/Escrow Officer : Scott Dunlap
Settlement Location : P.O. Box 3948
Sarasota, FL 34230

Property Address: 3604 Royal Palm Drive
Bradenton, FL 34210

Borrower: Kimeth W. Gardner and Cathy M. Gardner
3604 Royal Palm Drive
Bradenton, FL 34210

Seller: Tax Prep Services LLC, a Florida limited liability company
William Russell Sampson and Terry Ellen Sampson
3815 Royal Palm Drive
Bradenton, FL 34210

Lender: Gulfside Bank

Settlement Date: October 24, 2024
Disbursement Date: October 24, 2024

Description	Seller	
	Debit	Credit
Financial		
Sale Price of Property		892,500.00
Rent credit from Seller to Buyer-11 months @\$1255.60	13,811.60	
Excess Deposit	305,000.00	
Prorations/Adjustments		
Storm damage credit from Seller to Buyer	25,000.00	
Non Advalorem 10/01/24 - 10/24/24	40.37	
County Taxes 01/01/24 - 10/24/24	4,992.90	
October prorated rent credit 10/23/24-10/31/24	931.57	
Title Charges and Escrow/Settlement Charges		
Closing Fee to Dunlap & Moran, P.A.	425.00	
Courier/Processing/Admin Fee to Dunlap & Moran, P.A.	50.00	

Dunlap & Moran, P.A.
ALTA Universal ID:
P.O. Box 3948
Sarasota, FL 34230

File No./Escrow No. : 12166-4
 Print Date & Time: October 23, 2024 2:49 pm
 Officer/Escrow Officer : Scott Dunlap
 Settlement Location : P.O. Box 3948
 Sarasota, FL 34230

Property Address: 3604 Royal Palm Drive
 Bradenton, FL 34210

Borrower: Kimeth W. Gardner and Cathy M. Gardner
 3604 Royal Palm Drive
 Bradenton, FL 34210
 Tax Prep Services LLC, a Florida limited liability company

Seller: William Russell Sampson and Terry Ellen Sampson
 3815 Royal Palm Drive
 Bradenton, FL 34210

Lender: Gulfside Bank

Settlement Date: October 24, 2024
 Disbursement Date: October 24, 2024

Description			Borrower/Buyer	
			Debit	Credit
Financial				
Sale Price of Property			892,500.00	
Deposit				305,000.00
Deposit				1,000.00
Loan Amount				900,000.00
Rent credit from Seller to Buyer-11 months @\$1255.60				13,811.60
Prorations/Adjustments				
Storm damage credit from Seller to Buyer				25,000.00
Non Advalorem 10/01/24 - 10/24/24				40.37
County Taxes 01/01/24 - 10/24/24				4,992.90
October prorated rent credit 10/23/24-10/31/24				931.57
Loan Charges to Gulfside Bank				
Bank fee			4,500.00	



MONARCH NATIONAL INSURANCE COMPANY
PO Box 2057 Kalispell MT 59903 USA

MONARCH NATIONAL INSURANCE
COMPANY
<https://monarchnational.com/>
(800) 219-3102
NAIC# : 15715

PROPERTY ADDRESS #:	3604 ROYAL PALM DR, Bradenton, FL, 34210	POLICY FORM:	Dwelling Policy
POLICY #:	FLD5715011384	POLICY DECLARATIONS TYPE:	New Policy Declarations
NFIP POLICY #:	5715011384		
POLICY TERM:	10-24-2024 (At time of loan closing) - 10-24-2025 (12:01 AM)	RATE CATEGORY :	RatingEngine
POLICY ISSUED BY:	MONARCH NATIONAL INSURANCE COMPANY		
PAYOR:	KIMETH GARDNER		

INSURED NAME & MAILING ADDRESS
KIMETH GARDNER & CATHY GARDNER
3604 Royal Palm Dr,
Bradenton, FL, 34210

AGENT CONTACT INFORMATION
ACADEMY INSURANCE AGENCY INC
7330 CORTEZ RD W, Bradenton, FL, 34210
Phone : 9417584600

FLOOD INSURANCE POLICY DECLARATIONS

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

Policy Coverages & Endorsements

	COVERAGE	DEDUCTIBLE	
Building	\$ 250,000	\$ 5,000	\$ 6,560
Contents	\$ 25,000	\$ 2,000	
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)	1.1
Method Used to Determine FFH	EC
Property Description	Slab on Grade (non-elevated), 2 Floors , Frame
Date of Construction	12-31-1983
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:	\$ 4,428
Contents Premium:	\$ 1,014
Increased Cost of Compliance (ICC) Premium:	\$ 75
Community Rating System Discount:	\$ (19.00)
Full-Risk Premium:	\$ 5,498
Discounted Premium:	\$ 5,498
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 990
HFIAA Surcharge:	\$ 25
Federal Policy Fee:	\$ 47
Total Premium	\$ 6,560

ADDITIONAL INTERESTS

First Mortgagee
Gulfside Bank ISAOA, ATIMA,
333 N. Orange Ave,
Sarasota, FL, 34236
Loan # : 4001003554

Additional Insured
CATHY GARDNER ,
3604 Royal Palm Dr,
Bradenton, FL, 34210

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: 10-28-2024

