

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
Expiration Date: July 31, 2015

SECTION A – PROPERTY INFORMATION

A1. Building Owner's Name	Renee Dempsey			PROPERTY INSURANCE COVERAGE		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 29810 E Hawthorne Dr (House and Garage)				Policy Number _____		
City Spring		State TX ZIP Code 77386		Company NAIC Number _____		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) APN# R162209						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential						
A5. Latitude/Longitude: Lat. <u>N 30°07'23.71"</u> Long. <u>W 95°24'39.58"</u>						
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.						
A7. Building Diagram Number 1-A						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s)	<u>n/a</u>	sq ft	A9. For a building with an attached garage:			
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade	<u>0</u>	sq in	a) Square footage of attached garage	<u>607</u>	sq ft	
c) Total net area of flood openings in A8.b	<u>0</u>	sq in	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	<u>0</u>	sq in	
d) Engineered flood openings?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	c) Total net area of flood openings in A9.b	<u>0</u>	sq in	
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number Unincorporated Areas 480483		B2. County Name Montgomery		B3. State Texas		
B4. Map/Panel Number 48339C 0685	B5. Suffix G	B6. FIRM Index Date 08/18/2014	B7. FIRM Panel Effective/Revised Date 08/18/2014	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 104.0'	

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

FIS Profile FIRM Community Determined Other/Source: _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source: _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
Designation Date: _____

CBRS OPA

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: NGS BM BL2016 EL 118.43'

Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: _____
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)	<u>105.8</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	<u>na.</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>na.</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>105.5</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>106.1</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>104.7</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>105.5</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>na.</u>	<input 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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No
 Check here if attachments.

Certifier's Name Joseph Roederer

License Number 5727

Title Texas R.P.L.S.

Company Name First American

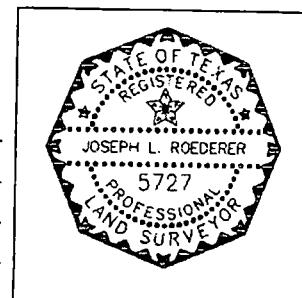
Address 3550 W. Robinson Street, 3rd Floor City Norman

State OK ZIP Code 73072

Signature Joseph L. Roederer

Date 12/2/2014

Telephone 405-253-2444



ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 29810 E Hawthorne Dr (House and Garage)		Policy Number _____
City Spring	State TX ZIP Code 77386	Company NAIC Number _____

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments Latitude/longitude obtained by use of Google Earth. Machinery is an A/C unit. House and garage are attached by an overhead roof. Garage square footage obtained by field measurements.

Signature

Date 12/2/2014

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

Property Owner's or Owner's Authorized Representative's Name

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments _____

Check here if attachments

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____

G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name _____ Title _____

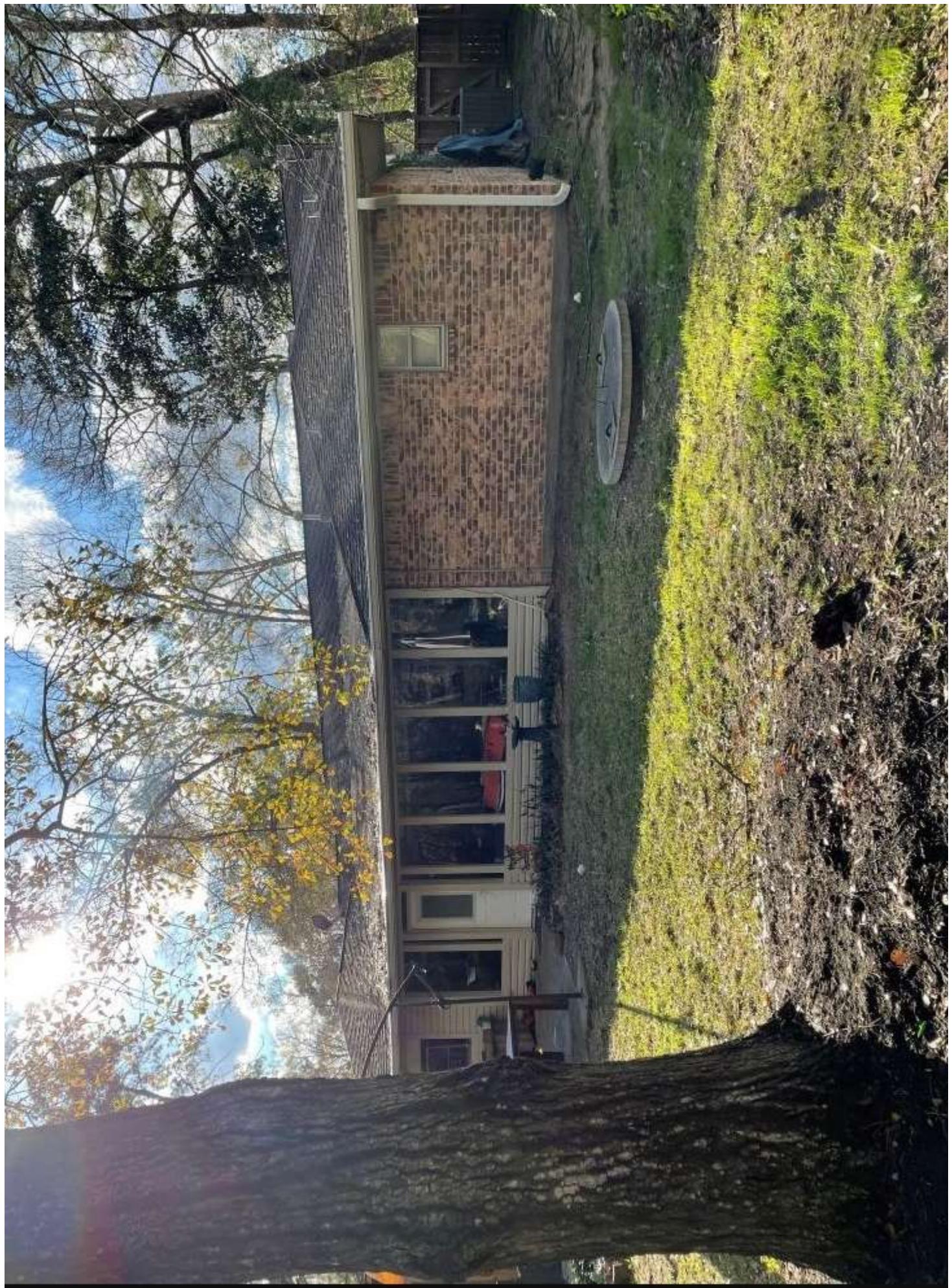
Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

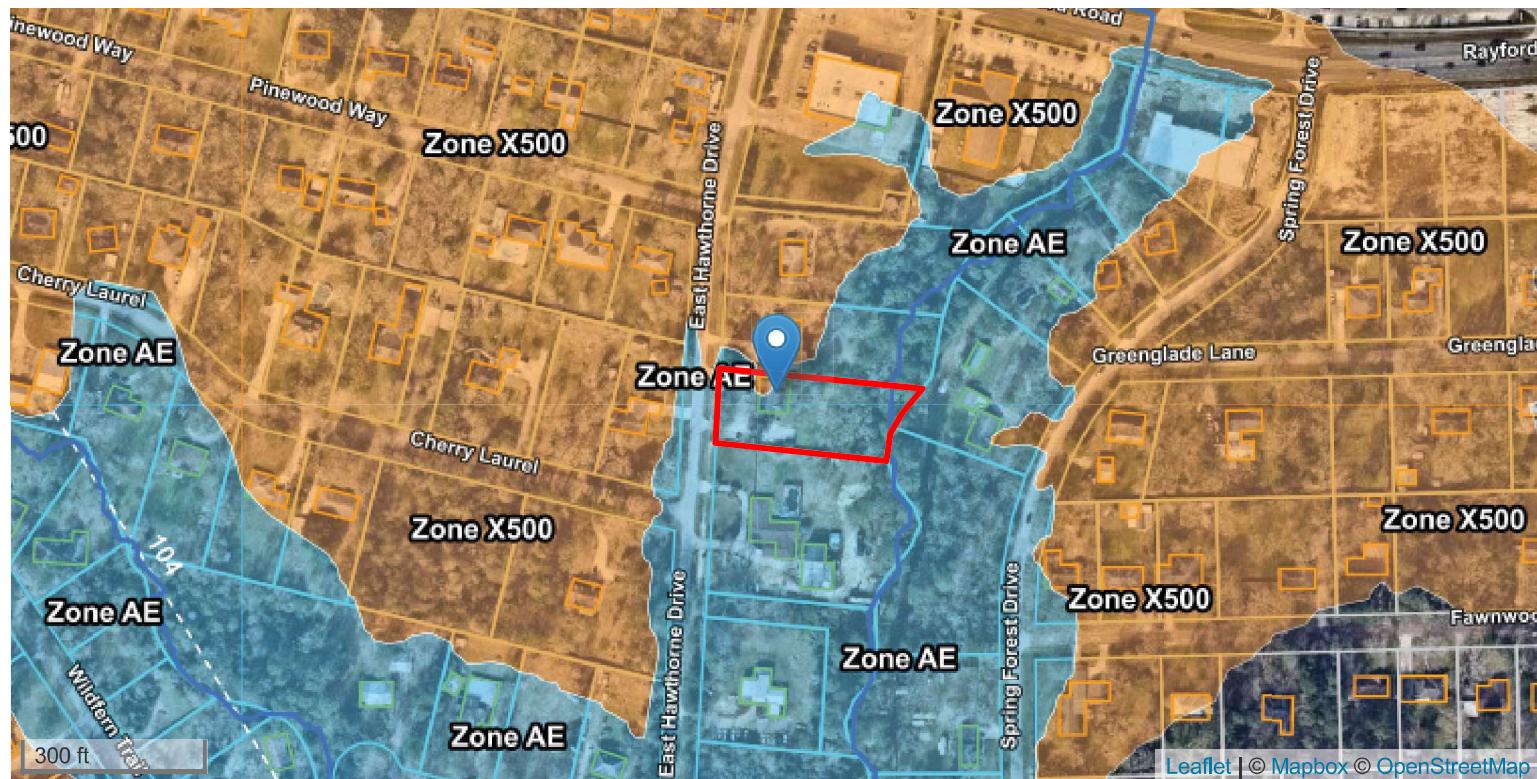
Check here if attachments





FloodRisk Standard

Provided Location	29810 E HAWTHORNE DR, SPRING, TX 77386		
Standardized Location	29810 E HAWTHORNE DR, SPRING, TX 77386-2138		
Latitude, Longitude	30.121418, -95.410674	Parcel ID	R162209
FIPS / MSA / Tract	48339 / 26420 / 6919	Community No.	480483
Community Name	MONTGOMERY COUNTY*		
County Name	UNINCORPORATED AREAS		



Flood Zone	Zone AE	Next Nearest Zone (Dist.)	X500 (9 ft)		
BFE	104 Feet NAVD88 (104.00 ft NGVD29)	USGS Ground Elev	105 ft NAVD88		
FEMA Map	48339C0685G, 08/18/2014	Previous Map	48339C0685F, 12/19/1996, Zone X		
NFIP Status	PARTICIPATING	NFIP Program	REGULAR	First FIRM	08/01/1984
LOMR or LOMR	NO	CBRS / OPA	NO	EC On-File	NO
Claims* \$ / #	\$521,930,804 / 10721	NFIP PIF*	24148	NFIP Discount	N/A
Flood Source	197 ft	Salt Water	>6 miles	Fresh Water	324 ft

*Aggregated by NFIP community.



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 #: 29810 E HAWTHORNE DR, Spring, TX, 77386
POLICY #: FLD1660012259
NFIP POLICY #: 1660012259
POLICY TERM: 02-28-2024 (12:01 AM) - 02-28-2025 (12:01 AM)
POLICY ISSUED BY: Texas Farmers Insurance Company
PAYOR: KEVIN DEMPSEY

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

INSURED NAME & MAILING ADDRESS

KEVIN DEMPSEY
29810 E Hawthorne Dr,
Spring, TX, 77386

AGENT CONTACT INFORMATION

Keith Wagner
Keith Wagner
8105 KUYKENDAHL RD STE 100, The Woodlands, TX, 77382
Phone : 2813621500

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	\$ 2,000	\$ 1,136
Contents	\$ 100,000	\$ 2,000	Total Annual Payment

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

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	12-31-1974
Prior NFIP Claims	1 Claim(s)

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

Premium Calculations

COMPONENTS OF THE TOTAL	PREMIUM
Building Premium:	\$ 546
Contents Premium:	\$ 339
Increased Cost of Compliance (ICC) Premium:	\$ 17
Community Rating System Discount:	\$ 0
Full-Risk Premium:	\$ 902
Discounted Premium:	\$ 902
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 162
HFIAA Surcharge:	\$ 25
Federal Policy Fee:	\$ 47
Total Premium	\$ 1,136

ADDITIONAL INTERESTS

Date Mailed: 02-08-2024

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 01-29-2024	Application Number FLD1660012259	Effective Date 02-28-2024	Expiration Date 02-28-2025	Waiting Period Standard - 30 Day Wait
Insured Name(s) KEVIN DEMPSEY	Mailing Address & Phone 29810 E Hawthorne Dr, Spring, TX, 77386	Property Address 29810 E HAWTHORNE DR, 77386, Spring, TX	Agency Name, Address & Phone 8105 KUYKENDAHL RD STE 100, The Woodlands, TX, 77382	
Home Phone: Work Phone: Cell Phone:(281)808-7655 Email:	Property Address Type: Location	Email: kwagner@farmersagent.com Phone Number: 2813621500 Agent Name: Keith Wagner		
Applicant Type: INDIVIDUAL Prior Company NAIC: Prior Policy Number: Prior Company Name: Renewal Billing:	Other Policy Number: Potential Duplicate Policy:			
Current Community Information Community Name: Community Number: 480483 Map Panel: 0685 Map Panel Suffix: G Current Flood Zone: AE Current Base Flood Elevation(BFE): 105 FIRM Date: 08-01-1984 Program: FLOODREGULAR Program Status: County: Current Map Date: 08-18-2014 Rating Map Date:				
Prior Community Information Community Number: Map Panel: Map Panel Suffix: Flood Zone: FIRM Date: 08-01-1984 Has This Property Been Remapped?: Map Revision Date:				

Construction Date
Date of Original Construction: 12-31-1974
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 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
01-29-2024	FLD1660012259	02-28-2024	02-28-2025	Standard - 30 Day Wait
Building Information		Building Located Over Water:Not over Water		
Building Located In CBRS/OPA:NO		Building in Course of Construction:NO		
CBRS/OPA Designation Date:		Building Construction Type:Masonry		
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:250000		
Prior NFIP Claims:		Replacement Cost Value Returned by FEMA:336045		
Building Severe Repetitive Loss (SRL)		Total sq. footage of building:2422		
Property:		Total # of floors in building:1		
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:Slab on Grade (non-elevated)		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?: NO		
Elevation Certificate Section Used:C		Floodproofing Certificate:		
Elevation Certificate Date:12-02-2014		Flood Proofing Elevation:		
Diagram Number:1A		Lowest (Rating) Floor Elevation:		
Top of Bottom Floor:106		Elevation Certificate First Flood Height:1		
Top of Next Higher Floor:		FEMA First Floor Height:1		
Lowest Adjacent Grade (LAG):105		First Floor Height Method Used:EC		

Premium Calculations

RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	AMOUNT DUE
Building	250,000.00	2,000.00	Building Premium:	\$ 546.00
Content	100,000.00	2,000.00	Content Premium:	\$ 339.00
			Increased Cost of Compliance (ICC) Premium:	\$ 17.00
			Mitigation Discount:	\$ 0.00
			Community Rating System Reduction:	\$ 0.00
			Full Risk Premium:	\$ 902.00
			Annual Increase Cap Discount:	\$ 0.00
			Pre-Firm Discount:	\$ 0.00
			Discounted Premium:	\$ 902.00
			Reserve Fund Assessment:	\$ 162.00
			HFIAA Surcharge:	\$ 25.00
			Federal Policy Fee:	\$ 47.00
			Probation Surcharge:	\$ 0.00
			Total Quoted Premium	\$ 1,136.00

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

Date:

APC PRV 07 21



FLD1660012259 / KEVIN DEMPSEY

Quote Source: AGENT

29810 E HAWTHORNE DR, Spring, Montgomery County,
TX, 77386 - 2138

N.A.

29810 E Hawthorne Dr, Spring, Montgomery County, TX,
77386 - 2138

(281)808-7655

Renew indicator : **BATCH RENEWAL**Agent Tasks : File
complete

Term Start Date :	02/28/2024	Term End Date :	02/28/2025	Transaction Type :	New Busi Business
Transaction Eff. Dt. : Last Updated By :	02/28/2024 MARCUS DUNCAN	Waiting Period: Applicant Date :	Standard - 30 Day Wait 01/29/2024	last Updated Date :	02-08-20
Claims	0	Loss Run		Risk Rating	2.0
Total Premium Change :	\$1,136.00	Bill To :	POLHOLDER	Serv Rep : U/writer :	
Total Premium :	\$1,136.00			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
01/29/2024	PAYMENT	F2166000009400		01/29/2024	\$0.00
02/08/2024	INVOICE	INV00793136			\$1,136.00
				CREDIT	BALANCE
				\$(1,136.00)	\$(1,136.00)
				SYS	
				01,	
				02,	

Forms

Tickets

Commission

Log Documents Agent Customer
Portal Portal**Term Selection: (1160501)**

02-28-2024/02-28-2025

Transaction Selection: (1572620)

NEWBUSINESS - ISSUED

Last transaction

New Business by MARCUS
DUNCAN
Transaction date: 02-08-2024
Transaction Eff. Dt. 2024-02-
28

Note

(02-08-2024) Aprvd NB
effective 2/28/24, 30 day wait
from Premium Submission
date of 1/29/24....

Agency Info

08811-00589-000 Keith
Waener

Notes

[Print Log](#)

Type note here

0/500

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

Date	Description	Inserted By	Mark Hidden
02-08-2024 9:14:16 AM	Aprvd NB effective 2/28/24, 30 day wait from Premium Submission date of 1/29/24. Premium received within 9 days of Application Submission date of 1/29/23. No EC used for rating. Addresses match for Primary Residence.	MARCUS DUNCAN	