

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>Leonel Munoz-Astello</u>	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>11018 Ensbrook Dr.</u>	Company NAIC Number: _____
City: <u>Houston</u>	State: <u>TX</u> ZIP Code: <u>77099</u>
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>LOT 35, IN BLOCK 6, OF PARKGLEN, SECTION ONE, Tax Parcel Number - 10035600000035</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>	
A5. Latitude/Longitude: Lat. <u>29°39'18.20"N</u> Long. <u>95°34'27.22"W</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>1B</u>	
A8. For a building with a crawlspace or enclosure(s):	
a) Square footage of crawlspace or enclosure(s): _____ sq. ft.	
b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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: _____ Engineered flood openings: _____	
d) Total net open area of non-engineered flood openings in A8.c: _____ sq. in.	
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): _____ sq. ft.	
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): _____ sq. ft.	
A9. For a building with an attached garage:	
a) Square footage of attached garage: <u>420.00</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 checked="" type="checkbox"/> No <input 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: _____ Engineered flood openings: _____	
d) Total net open area of non-engineered flood openings in A9.c: _____ sq. in.	
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft.	
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ sq. ft.	

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Houston</u>	B1.b. NFIP Community Identification Number: <u>480296</u>		
B2. County Name: <u>Harris</u>	B3. State: <u>TX</u>	B4. Map/Panel No.: <u>48201C0840</u>	B5. Suffix: <u>L</u>
B6. FIRM Index Date: <u>11/15/2019</u>	B7. FIRM Panel Effective/Revised Date: <u>06/18/2007</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>77.3' (100 Year)</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: _____ <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			

ELEVATION CERTIFICATE
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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 11018 Ensbrook Dr.	FOR INSURANCE COMPANY USE
City: Houston	State: TX ZIP Code: 77099
	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: RM040410 - ELEV. 75.52 Vertical Datum: NAVD 1988, 2001 Adj.

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.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	77.96	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor (see Instructions):	_____	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (see Instructions):	_____	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab):	77.36	<input checked="" type="checkbox"/> feet <input type="checkbox"/> 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):	77.86	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest Adjacent Grade (LAG) next to building: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Finished	77.16	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest Adjacent Grade (HAG) next to building: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Finished	77.26	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	_____	<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 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: Donald Matt Cookston License Number: 4733

Title: Project Surveyor

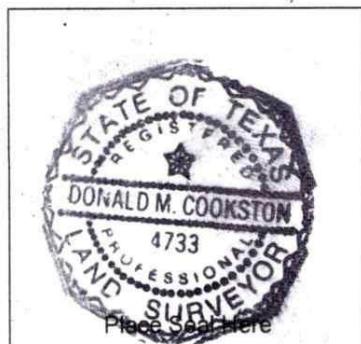
Company Name: Overland surveyors

Address: 999 E. Basse Road, Suite 180 Box 521

City: San Antonio State: TX ZIP Code: 78209

Signature:  Date: 10/10/24

Telephone: 737-802-6638 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):

Air Conditioner equipment Located on Right Side.

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 11018 Ensbrook Dr.	FOR INSURANCE COMPANY USE
City: Houston State: TX ZIP Code: 77099	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 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: _____ ZIP Code: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

<p>Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 11018 Ensbrook Dr.</p> <p>City: <u>Houston</u> State: <u>TX</u> ZIP Code: <u>77099</u></p>	FOR INSURANCE COMPANY USE <p>Policy Number: _____</p> <p>Company NAIC Number: _____</p>
SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)	
<p>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:</p>	
<p>G1. <input type="checkbox"/> 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.)</p> <p>G2.a. <input type="checkbox"/> 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.</p> <p>G2.b. <input type="checkbox"/> A local official completed Section H for insurance purposes.</p> <p>G3. <input type="checkbox"/> In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.</p> <p>G4. <input type="checkbox"/> The following information (Items G5–G11) is provided for community floodplain management purposes.</p> <p>G5. Permit Number: _____ G6. Date Permit Issued: _____</p> <p>G7. Date Certificate of Compliance/Occupancy Issued: _____</p> <p>G8. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement</p> <p>G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum: _____</p> <p>G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum: _____</p> <p>G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum: _____</p> <p>G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum: _____</p> <p>G11. Variance issued? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach documentation and describe in the Comments area.</p>	
<p>The local official who provides information in Section G must sign here. <i>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.</i></p>	
<p>Local Official's Name: _____ Title: _____</p> <p>NFIP Community Name: _____</p> <p>Telephone: _____ Ext.: _____ Email: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ ZIP Code: _____</p> <p>Signature: _____ Date: _____</p>	
<p>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):</p>	

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.: 11018 Ensbrook Dr.	FOR INSURANCE COMPANY USE	
City: Houston	State: TX	ZIP Code: 77099
	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 floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is: _____ feet meters above the LAG
- b) **For Building Diagrams 2A, 2B, 4, and 6–9.** Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: _____ feet meters above the LAG

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 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.:
11018 Ensbrook Dr.

City: Houston State: TX ZIP Code: 77099

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 (10/08/2024)

[Clear Photo One](#)



Photo Two

Photo Two Caption: Rear (10/08/2024)

[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.:
11018 Ensbrook Dr.

City: Houston State: TX ZIP Code: 77099

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 (10/08/2024)

[Clear Photo Three](#)



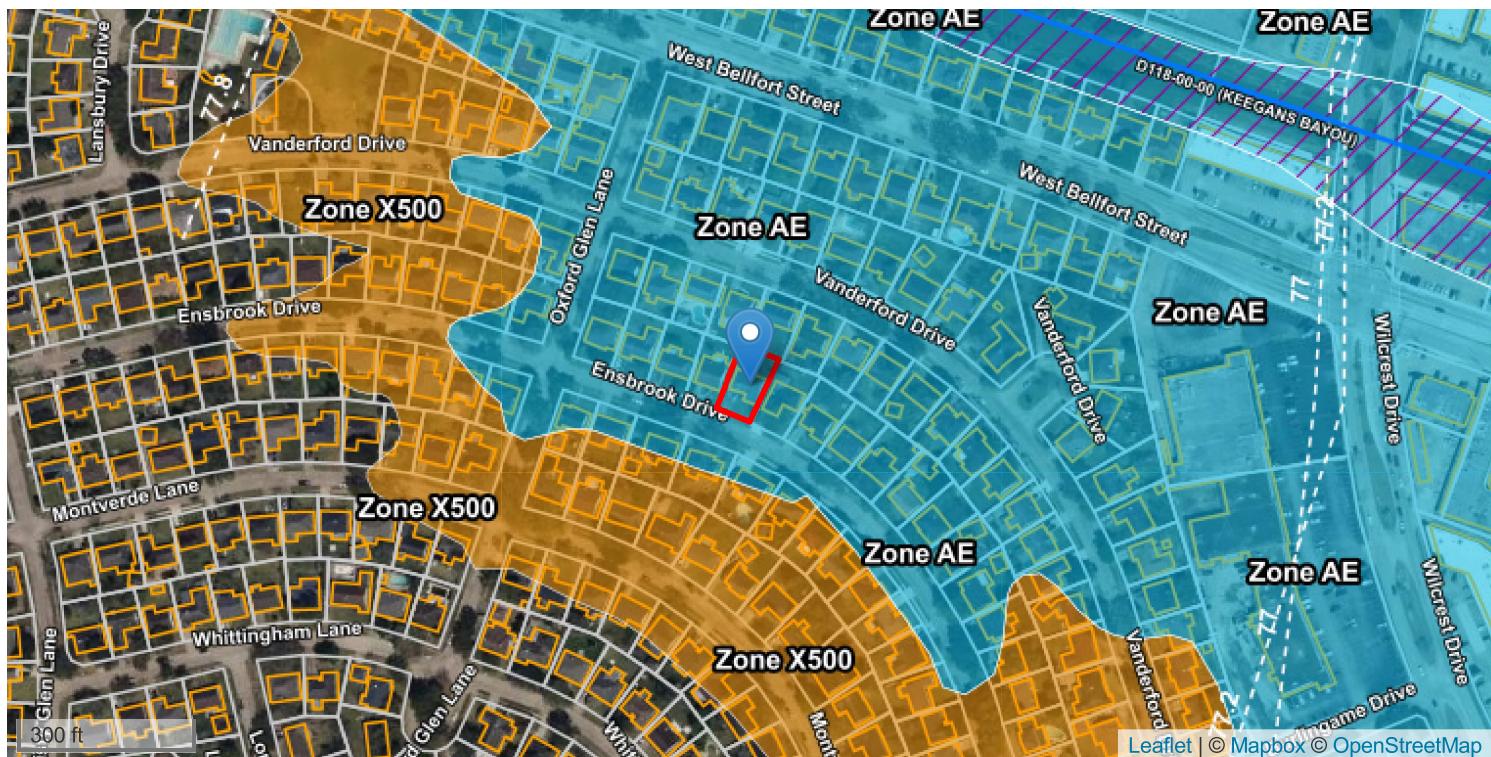
Photo Four

Photo Four Caption: Left Side (10/08/2024)

[Clear Photo Four](#)

FloodRisk Standard

Provided Location	11018 ENSBROOK DR, HOUSTON, TX 77099		
Standardized Location	11018 ENSBROOK DR, HOUSTON, TX 77099-4708		
Latitude, Longitude	29.655057, -95.5742	Parcel ID	1003560000035
FIPS / MSA / Tract	48201 / 26420 / 4534.01	Community No.	480296
Community Name	HOUSTON, CITY OF		
County Name	HARRIS		



Flood Zone	Zone AE	Next Nearest Zone (Dist.)	X500 (166 ft)		
BFE	77 Feet NAVD88 (76.98 ft NGVD29)	USGS Ground Elev	78 ft NAVD88		
FEMA Map	48201C0840L, 06/18/2007	Previous Map	NOT AVAILABLE		
NFIP Status	PARTICIPATING	NFIP Program	REGULAR	First FIRM	12/11/1979
LOMA or LOMR	NO	CBRS / OPA	NO	EC On-File	NO
Claims* \$ / #	\$4,772,999,100 / 86846	NFIP PIF*	127852	NFIP Discount	25%
Flood Source	774 ft	Salt Water	>6 miles	Fresh Water	897 ft

*Aggregated by NFIP community.



STANDARD FLOOD INSURANCE APPLICATION

Cypress Property & Casualty

Insurance Company

<https://cypressig.com>

(800) 704-4251

PO Box 2057, Kalispell, MT, 59903

Date	Application Number	Effective Date	Expiration Date	Waiting Period
10-25-2024	FLD1953015224	11-11-2024	11-11-2025	Loan Transaction - No Wait
Insured Name(s) LEONEL ASTELLO	Mailing Address & Phone 11018 Ensbrook Dr, Houston, TX, 77099 Home Phone: Work Phone: Cell Phone: (713)541-3604 Email: agency@greenlineinsgroup.com	Property Address 11018 ENSBROOK DR, Houston, TX, 77099 Property Address Type: Location	Agency Name, Address & Phone 10101 SOUTHWEST FWY STE 600, Houston, TX, 77074 Email: agency@greenlineinsgroup.com Phone Number: 713-541-3604 Agent Name: GREENLINE INSURANCE GROUP INC	

Applicant Type:INDIVIDUAL

Prior Company NAIC:

Prior Policy Number:

Prior Company Name:

Renewal Billing:

Other Policy Number:

Potential Duplicate Policy:

1st Mortgagor:

Guild Mortgage Company LLC ISAOA ATIMA

PO Box 818009,

Cleveland, Cuyahoga County , OH, 44181

Phone Number:

Fax Number:

Loan Number:6733002720

Required under

Mandatory

Purchase:

Current Community Information

Community Name:

Community Number:480296

Map Panel:0840

Map Panel Suffix:L

Current Flood Zone:AE

Current Base Flood Elevation(BFE):77

FIRM Date:12-11-1979

Program:FLOODREGULAR

Program Status:

County:Harris County

Current Map Date:06-18-2007

Rating Map Date:

Prior Community Information

Community Number:

Map Panel:

Map Panel Suffix:

Flood Zone:

FIRM Date:12-11-1979

Has This Property Been Remapped?:

Map Revision Date:

Construction Date

Date of Original Construction:12-31-1970

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)?:YES

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

Cypress Property & Casualty

Insurance Company

<https://cypressig.com>

PO Box 2057, Kalispell, MT, 59903

(800) 704-4251

Date	Application Number	Effective Date	Expiration Date	Waiting Period
10-25-2024	FLD1953015224	11-11-2024	11-11-2025	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: 288000

Replacement Cost Value Returned by FEMA: 258862

Total sq. footage of building: 1632

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: 02-01-1010

Diagram Number: 1B

Top of Bottom Floor: 77.9

Top of Next Higher Floor:

Lowest Adjacent Grade (LAG):

Floodproofing Certificate:

Flood Proofing Elevation:

Lowest (Rating) Floor Elevation:

Elevation Certificate First Floor Height: 77.9

FEMA First Floor Height: 77.9

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: \$ 1,116.00	
Content	25,000.00	5,000.00	Content Premium: \$ 389.00	
			Increased Cost of Compliance (ICC) Premium: \$ 29.00	
			Mitigation Discount: \$ 0.00	
			Community Rating System Reduction: \$ (334.00)	
			Full Risk Premium: \$ 1,200.00	
			Annual Increase Cap Discount: \$ 0.00	
			Newly Mapped Discount: \$ 0.00	
			Pre-Firm Discount: \$ (6.00)	
			Discounted Premium: \$ 1,194.00	
			Reserve Fund Assessment: \$ 215.00	
			HFIAA Surcharge: \$ 25.00	
			Federal Policy Fee: \$ 47.00	
			Probation Surcharge: \$ 0.00	
			Total Quoted Premium	\$ 1,481.00

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

Date:

APC PRV 07 21





Flood Insurance Payment Confirmation Receipt

Quote Number: TMP241009970351

Policy Number: FLD1953015224

Insured Name: LEONEL ASTELLO

Property Address: 11018 ENSBROOK DR, Houston, TX, 77099

Transaction Date: 10/28/2024

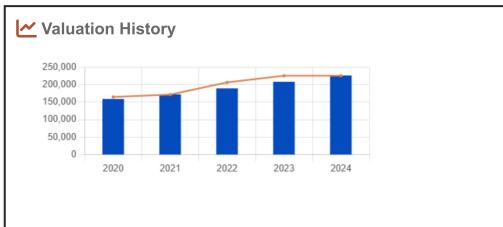
Remittance ID: 27IQHCTO

Premium Paid: \$1481



Powered by Esri

11018 ENSBROOK DR HOUSTON, TX 77099 Residential Account: 100356000035 Name: ASTELLO LEONEL MUÑOZ Mailing Address: 6830 HENDON LN HOUSTON, TX 77074-6104	2024
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Valuations	Certified
Land:	\$60,592
Improvement:	\$164,468
Market:	\$225,060
Appraised:	\$225,060
File a protest	
Value Notice	

[Compare Valuations](#)

Jurisdictions/Exemptions		Property Details				
District	Jurisdictions	Exemption Value	2023 Rate	2024 Rate	Legal Description	
008	ALIEF ISD	123,330	0.986700	1.047600	Land	7,948 SF
040	HARRIS COUNTY	225,060	0.350070	0.385290	Living Area	1,632 SF
041	HARRIS CO FLOOD CNTRL	225,060	0.031050	0.048970		
042	PORT OF HOUSTON AUTHY	225,060	0.005740	0.006150		
043	HARRIS CO HOSP DIST	225,060	0.143430	0.163480		
044	HARRIS CO EDUC DEPT	225,060	0.004800	0.000000		
048	HOU COMMUNITY COLLEGE	173,260	0.092231	0.000000		
061	CITY OF HOUSTON	225,060	0.519190	0.519190		

Exemption Type : Residential Homestead(Multiple)

Fiduciary	
	None
Status	
Notice Sent on:	Apr 19, 2024
Deadline to file a protest:	May 20, 2024
ARB Status:	Name Change

Location						
State Class Code	Neighborhood	Neighborhood Name	Market Area	Map Facet	Key Map	Neighborhood Group
A1 -- Real, Residential, Single-Family	674	PARKGLEN 1,2 PARKGLEN WEST & SALGADO ESTATE	270 -- ISD 08 - Alief General	4952A	569B	8015

Additional Links						
Property Tax Database						
Same Street Name						
Property Owners Website						

Land Details												
Line	Land Use	Unit type	Units	Size Factor	Site Factor	Appr O/R Factor	Appr O/R Reason	Total Adj	Unit Price	Adj Unit Price	Value	
Market Value Land												
1	1001 -- Res Improved Table Value SF1 -- Primary SF	SF	7,200	1.00	1.00	1.00	--	1.00	08	8.00	57,600.00	
2	1001 -- Res Improved Table Value SF3 -- Residual SF	SF	748	1.00	0.50	1.00	--	0.50	08	4.00	2,992.00	

Ownership History

Owner	Effective Date
ASTELLO LEONEL MUNOZ	10/25/2024
LOVATO MORRIS O & CELIA	01/20/1993
WAGGONER BERTEN A &	01/02/1984

Building Summary

Building	Year Build	Type	Style	Quality	Impr Sq Ft	i
1	1971	Residential Single Family	101 Residential 1 Family	Average	1,632	
Building Data						
Element	Details					
Cond / Desir / Util	Average					
Foundation Type	Slab					
Grade Adjustment	C					
Heating / AC	Central Heat/AC					
Physical Condition	Average					
Exterior Wall	Brick / Veneer					
Element	Units					
	0					
	0					
	0					
	0					
Building Areas						
Description	Area					
BASE AREA PRI	1632					
OPEN FRAME PORCH PRI	48					
MAS/BRK GARAGE PRI	420					
MAS/CONC PATIO PRI	224					

COVERAGE ADJUSTMENT NOTICE



Cypress Property & Casualty Insurance Company
PO Box 2057 Kalispell MT 59903 United States

Cypress Property & Casualty
Insurance Company
<https://cypressig.com>
(800) 704-4251
NAIC# : 10953

PROPERTY ADDRESS : 11018 ENSBROOK DR, Houston, TX, 77099

POLICY # :FLD1953015224

NFIP POLICY # :FLD1953015224

POLICY ISSUED BY :Cypress Property & Casualty Insurance Company

POLICY TERM : 11-11-2024 (12:01 AM) - 11-11-2025 (12:01 AM)

PAYOR : LEONEL ASTELLO

INSURED NAME & MAILING ADDRESS

LEONEL ASTELLO

11018 Ensbrook Dr, Houston, TX, 77099

PAYOR CONTACT INFORMATION

LEONEL ASTELLO

11018 ENSBROOK DR,
Houston, TX, 77099

DEAR LEONEL ASTELLO,

THIS IS A NOTICE OF PREMIUM DUE OF YOUR FLOOD POLICY FOR THE PROPERTY LOCATED AT:

11018 ENSBROOK DR, Houston, TX, 77099

As of today, we have not received the premium of **\$ 520**

Coverage has been reduced to what can be afforded with the premium on file.

	Requested Coverage Amount	Reduced Coverage Amount
Building	\$ 250,000	\$ 111,000
Contents	\$ 25,000	\$ 11,000

If the remaining payment of **\$ 520** is received by 12/06/2024, then coverage limits will be increased to the requested coverage amount. If payment is received after this date, there will be a 30-day wait from the premium receipt date to increase coverage.

A copy of this premium request notice has been mailed to:
1. Guild Mortgage Company LLC ISAOA ATIMA
2. GREENLINE INSURANCE GROUP INC

Make check or money order payable to Cypress Property & Casualty Insurance Company - PO BOX 736675, Dallas, TX, 75373. Want to overnight your payment? Cypress Property & Casualty Insurance Company - 555 Corporate Drive Suite 101, Kalspell, MT, 59901 . If there have been any mortgagee changes, please contact your agent.



IF YOU HAVE ANY QUESTIONS ON YOUR POLICY, PLEASE CONTACT YOUR AGENT FOR ASSISTANCE

AGENT : GREENLINE INSURANCE GROUP INC

AGENCY : GREENLINE INSURANCE GROUP INC

PHONE : (713) 541-3604



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PO Box 2057 Kalispell MT 59903 United States

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(800) 704-4251
NAIC# : 10953

PROPERTY ADDRESS #: 11018 ENSBROOK DR, Houston, TX, 77099

POLICY FORM: Dwelling Policy

POLICY #: FLD1953015224

POLICY DECLARATIONS TYPE: New Policy Declarations

NFIP POLICY #: 1953015224

RATE CATEGORY : RatingEngine

POLICY TERM: 11-11-2024 (At time of loan closing) - 11-11-2025 (12:01 AM)

POLICY ISSUED BY: Cypress Property & Casualty Insurance Company

PAYOR: LEONEL ASTELLO

INSURED NAME & MAILING ADDRESS

LEONEL ASTELLO
11018 Ensbrook Dr,
Houston, TX, 77099

AGENT CONTACT INFORMATION

GREENLINE INSURANCE GROUP INC
10101 SOUTHWEST FWY STE 600, Houston, TX, 77074
Phone : 713-541-3604

FLOOD INSURANCE POLICY DECLARATIONS

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

Policy Coverages & Endorsements

COVERAGE	DEDUCTIBLE
Building	\$ 5,000
Contents	\$ 5,000

\$ 1,479

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	FEMA Determined
Property Description	Slab on Grade (non-elevated), 1 Floors , Frame
Date of Construction	12-31-1970
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:	\$ 1,293
Contents Premium:	\$ 375
Increased Cost of Compliance (ICC) Premium:	\$ 32
Community Rating System Discount:	\$ (376.00)
Full-Risk Premium:	\$ 1,192
Statutory Discounts:	
Pre-FIRM Discount:	\$ (132.00)
Discounted Premium:	\$ 1,192
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 215
HFIAA Surcharge:	\$ 25
Federal Policy Fee:	\$ 47
Total Premium	\$ 1,479

ADDITIONAL INTERESTS

First Mortgagor

Guild Mortgage Company LLC ISAOA ATIMA,
PO Box 818009,
Cleveland, OH, 44181
Loan # : 6733002720

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: 11-07-2024



COVERAGE ADJUSTMENT NOTICE



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PO Box 2057 Kalispell MT 59903 United States

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