



INTEGRITY INS. INTERNAT. INC.
950 N COLLIER BLVD STE 301
MARCO ISLAND, FL 34145-2722



NOVEMBER 22, 2023

WALDEMAR ROJEK / EVA ROJEK
124 STILLWATER CT
MARCO ISLAND, FL 34145-4222

Policy Number: 3000273584

Insured(s): WALDEMAR ROJEK/EVA ROJEK
Property Location: 124 STILLWATER CT
MARCO ISLAND, FL 34145-4222

Flood Insurance Policy Packet

This packet includes:

- **Your Flood Insurance Declarations Page**
- **A National Flood Insurance Program Summary of Coverage**
- **Claims Guidelines in Case of a Flood**

If you would like to electronically view or print a copy of the Standard Flood Insurance Policy, please visit <https://cypresspc.manageflood.com>, click View Important Flood Documents link and select from the list of documents. Your consent to this policy delivery option is assumed, unless you contact us to request a mailed or e-mailed copy of the policy.

If you would like a copy of the Standard Flood Insurance Policy e-mailed or mailed to you, please contact our customer service team at 888-532-3004 or cypresscs@torrentcorp.com.

Important Information About The National Flood Insurance Program

Federal law requires insurance companies that participate in the National Flood Insurance Program to provide you with the enclosed Summary of Coverage. It's important to understand that the Summary of Coverage provides only a general overview of the coverage afforded under your policy. You will need to review your flood insurance policy, Declarations Page, and any applicable endorsements for a complete description of your coverage. The enclosed Declarations Page indicates the coverage you purchased, your policy limits and the amount of your deductible.

You will soon receive additional information about the National Flood Insurance Program. This information will include a Claims Handbook, a history of flood losses that have occurred on your property as contained in FEMA's data base, and an acknowledgement letter.

If you have any questions about your flood insurance policy, please contact your agent or your insurance company.

CLAIM GUIDELINES IN CASE OF A FLOOD

For the protection of you and your family, the following claim guidelines are provided by the National Flood Insurance Program (NFIP). If you are ever in doubt as to what action is needed, consult your insurance representative.

Insurance Agent: JUSTIN HANNA

Agent's Phone Number: (239) 393-3407

- Notify us or your insurance agent, in writing, as soon as possible after the flood.
- Your claim will be assigned to an NFIP certified adjuster.
- Identify the claims adjuster assigned to your claim and contact him or her if you have not been contacted within 24 hours after you reported the claim to your insurance representative.
- As soon as possible, separate damaged property from undamaged property so that damage can be inspected and evaluated.
- To help the claims adjuster, take photographs of the outside of the premises showing the flooding and the damage and photographs of the inside of the premises showing the height of the water and the damaged property.
- Place all account books, financial records, receipts, and other loss verification material in a safe place for examination and evaluation by the claims adjuster.
- Work cooperatively with the claims adjuster to promptly determine and document all claim items. Be prepared to advise the claims adjuster of the cause and responsible party(ies) if the flooding resulted from other than natural cause.
- Make sure that the claims adjuster fully explains, and that you fully understand, all allowances and procedures for processing claim payments. This policy requires you to send us a signed and sworn-to, detailed proof of loss within 60 days after the loss.
- Any and all coverage problems and claim allowance restrictions must be communicated directly from the NFIP. Claims adjusters are not authorized to approve or deny claims; their job is to report to the NFIP on the elements of flood cause and damage.

At our option, we may accept an adjuster's report of the loss instead of your proof of loss. The adjuster's report will include information about your loss and the damages to your insured property.



INTEGRITY INS. INTERNAT. INC.
950 N COLLIER BLVD STE 301
MARCO ISLAND, FL 34145-2722

Agency Phone: (239) 393-3407

NFIP Policy Number: 3000273584
Company Policy Number: 3000273584
Agent: JUSTIN HANNA

Payor: INSURED
Policy Term: 11/30/2023 12:01 AM - 11/30/2024 12:01 AM
Policy Form: DWELLING POLICY

To report a claim
visit or call us at: <https://cypresspc.manageflood.com>
(877) 254-6819

RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS

WALDEMAR ROJEK / EVA ROJEK
124 STILLWATER CT
MARCO ISLAND, FL 34145-4222

INSURED NAME(S) AND MAILING ADDRESS

WALDEMAR ROJEK / EVA ROJEK
124 STILLWATER CT
MARCO ISLAND, FL 34145-4222

COMPANY MAILING ADDRESS

HOMESITE INSURANCE COMPANY
PO BOX 912470
DENVER, CO 80291-2470

INSURED PROPERTY LOCATION

124 STILLWATER CT
MARCO ISLAND, FL 34145-4222

BUILDING DESCRIPTION: MAIN DWELLING
BUILDING DESCRIPTION DETAIL: N/A

RATING INFORMATION

BUILDING OCCUPANCY: SINGLE-FAMILY HOME
NUMBER OF UNITS: N/A
PRIMARY RESIDENCE: YES
PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 1 FLOOR(S), FRAME CONSTRUCTION
PRIOR NFIP CLAIMS: 0 CLAIM(S)

DATE OF CONSTRUCTION: 06/01/1991
CURRENT FLOOD ZONE: AE
FIRST FLOOR HEIGHT (FEET): 2.2
FIRST FLOOR HEIGHT METHOD: ELEVATION CERTIFICATE

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE: LOAN NO: N/A
SECOND MORTGAGEE: LOAN NO: N/A
ADDITIONAL INTEREST: LOAN NO: N/A
DISASTER AGENCY: CASE NO: N/A
DISASTER AGENCY: N/A

RATE CATEGORY — RATING ENGINE

	COVERAGE	DEDUCTIBLE
BUILDING:	\$250,000	\$2,000
CONTENTS:	\$100,000	\$2,000

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.
Please review this declaration page for accuracy. If any changes are needed, contact your agent.
Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit FloodSmart.gov/floodcosts.

COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$5,837.00
CONTENTS PREMIUM:	\$2,498.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$75.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$19.00)
FULL RISK PREMIUM:	\$8,391.00
ANNUAL INCREASE CAP DISCOUNT:	(\$7,227.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$1,164.00
RESERVE FUND ASSESSMENT:	\$210.00
HFIAA SURCHARGE:	\$25.00
FEDERAL POLICY FEE:	\$47.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$1,446.00

IN WITNESS WHEREOF, I have signed this policy below and hereby enter into this Insurance Agreement

Authorized by Fabian Fondriest

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

Policy issued by: HOMESITE INSURANCE COMPANY

Zero Balance Due - This Is Not A Bill

Insurer NAIC Number: 17221



File: 29799826

Page 1 of 1



DocID: 229594452

Printed 11/22/2023

Notice of Insurance Information Practices

The Homesite Insurance Companies ("Homesite") use information from many sources. This assists us to fairly determine eligibility for our programs and ensure accurate rates for all policies. Using this information also speeds the application process.

How we may collect, use and disclose this information is regulated by law, and we would like you to be aware of our practices and how they may affect your privacy.

Following is a description of the kinds of information we may collect, how we may collect it, and what is done with the information once it has been collected. We also describe how you can find out what information we have about you in our records or files, and how you can correct inaccurate information. We follow these practices with your information whether you are a policyholder, claimant, former policyholder, or just an inquiring consumer.

What kind of information do we collect about you?

Most of our information comes directly from you. The information you provide when you call us, complete an application, make a policy change or report a claim gives us most of the information we need to know. This information, of course, includes identifying information such as name and address as well as your type of home and claims history.

With your authorization, we may also obtain information such as credit reports, claims history, and investigative reports from other sources. We may send someone to inspect your property and verify information about the value and condition of the property.

The information we obtain about you may come from other insurance companies, insurance support organizations, or sources such as credit bureaus and property data collection services.

What do we do with the information collected about you?

With your authorization, we may disclose your personal information to insurance institutions, agents, insurance support organizations, or others who perform a business, professional, or insurance function for us.

We may, as permitted by law, disclose information about you in our records or files to certain persons or organizations without your prior permission. These include:

- For the purpose of detecting or preventing criminal activity, fraud, material misrepresentation or material nondisclosure in connection with an insurance transaction.
- In response to a law or facially valid administrative or judicial order, including a search warrant or subpoena.
- Businesses, for the purpose of conducting actuarial or research studies.
- Insurance regulatory authorities.
- Our affiliated companies, for the purpose of conducting an audit of our operations or services.
- Healthcare institutions and professionals, to enable them to provide us information in order to determine eligibility for an insurance benefit or payment or to conduct an audit of our operations or services.

The information we obtain about you from a report prepared by an insurance support organization may be retained by the insurance support organization and disclosed to other sources.

How confidential and secure is the information we have about you?

Homesite protects the confidentiality of the information that we have about you by restricting access to those employees who need to know that information to provide our products and services to you. We maintain physical electronic and procedural safeguards that comply with federal law and state regulation to guard your information.

How can you find out what information we have about you?

You have the right to know what information we have about you in our insurance records or files. To obtain this information, provide to us in writing an identification of yourself and a reasonable explanation of the information you desire. If the information can be reasonably located and obtained, we will inform you of its nature and substance within thirty (30) business days from the day we receive the request. You may personally see and obtain the information, or if you prefer, we will mail the information to you. We will also inform you who has received this information within the last two (2) years, or, if not recorded, to whom such information is normally disclosed.

What can you do if you disagree with the information we have about you?

You have the right to make a written request that we correct, delete, or change any recorded information we have about you in our records or files.

If we agree to comply with your request, we will notify you within thirty (30) business days of receiving your request. We will then furnish the amended information to any person you designate, who may have received the information within the past two (2) years, as well as to any person or organization who either supplied us with the information or to whom we disclosed it.

If we are unable to comply with your request, we will notify you within thirty (30) business days of receiving your written request with the reasons for our decision. If you disagree with the reasons for our decision, you have the right to file a concise statement of what you think is correct, relevant or fair information. Your statement will be filed with the disputed information and will be furnished to any person, insurance institution, agent or insurance support organization who either supplied us with information or to whom we disclosed it. Your statement will also be furnished to anyone reviewing the disputed information.

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

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

SECTION A – PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Walemar Rojek; Eva Rojek				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 124 Stillwater Court				Company NAIC Number:	
City Marco Island		State Florida		ZIP Code 34145	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 21, Block 57, MARCO BEACH, UNIT TWO, COLLIER COUNTY					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>N25°56'32.7"</u> Long. <u>W81°41'23.7"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>1B</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) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>					
c) Total net area of flood openings in A8.b <u>N/A</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>552</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>4</u>					
c) Total net area of flood openings in A9.b <u>576</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 City of Marco Island 120426			B2. County Name Collier		B3. State Florida
B4. Map/Panel Number 12021C 0829	B5. Suffix H	B6. FIRM Index Date 05/16/2012	B7. FIRM Panel Effective/ Revised Date 05/16/2012	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 8.0'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATEOMB No. 1660-0008
Expiration Date: November 30, 2018**IMPORTANT: In these spaces, copy the corresponding information from Section A.**Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
124 Stillwater CourtCity
Marco IslandState
FloridaZIP Code
34145**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, 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: COL 11

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/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) | 9.0 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | N/A | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N/A | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | 7.1 | <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) | 8.6 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 6.8 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 7.4 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including
structural support | N/A | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

Were latitude and longitude in Section A provided by a licensed land surveyor? ☐ Yes ☒ No ☐ Check here if attachments.Certifier's Name
Kenneth SarrioLicense Number
6348

Title

Professional Surveyor and Mapper

Company Name

Benchmark Land Services, Inc.

Address

1807 J&C Blvd.

City

Naples

State
FloridaZIP Code
34109

Signature

Date
10/11/2019Telephone
(239) 591-0778

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

Comments (including type of equipment and location, per C2(e), if applicable)
Item in C2.e) is A/C equipment.
Place
Seal
Here
10/11/2019

#6348



Photo One

Photo Caption FRONT VIEW: 10/11/2019



Photo One

Photo Caption SIDE VIEW: 10/11/2019



Photo Two

Photo Caption REAR VIEW: 10/11/2019



WALDEMAR ROJEK
EVA ROJEK
PO BOX 606
MARCO ISLAND, FL 34146-0606

683
63-4/630 FL
23586

10/26/24
Date

Pay To The Order Of Cypress Property & Leasalts Trs.Lc. \$ 1,695⁰⁰

Fifteen hundred ninety five Dollars

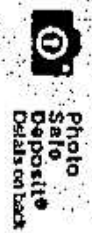
BANK OF AMERICA

ACH R/T 063100277

For FD 1953014107 Dr Rjk

⑆063000047⑆ 898114373314⑆0683 ⑆0000169500⑆

Holland Clarke





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 #: 124 STILLWATER CT, Marco Island, FL, 34145
POLICY #: FLD1953014107
NFIP POLICY #: 1953014107
POLICY TERM: 11-30-2024 (12:01 AM) - 11-30-2025 (12:01 AM)
POLICY ISSUED BY: Cypress Property & Casualty Insurance Company
PAYOR: WALDEMAR S ROJEK

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

INSURED NAME & MAILING ADDRESS

WALDEMAR S ROJEK & EVA ROJEK
124 Stillwater Ct,
Marco Island, FL, 34145

AGENT CONTACT INFORMATION

INTEGRITY INSURANCE INTL INC.
950 N COLLIER BLVD STE 301, Marco Island, FL, 34145
Phone : 239-393-3407

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	\$ 1,695
Contents	\$ 100,000	\$ 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)	2.2
Method Used to Determine FFH	EC
Property Description	Slab on Grade (non-elevated), 1 Floors , Frame
Date of Construction	06-01-1991
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:	\$ 5,196
Contents Premium:	\$ 2,287
Increased Cost of Compliance (ICC) Premium:	\$ 75
Community Rating System Discount:	\$ (19.00)
Full-Risk Premium:	\$ 1,375
Statutory Discounts:	
Annual Increase Cap Discount:	\$ (6,164.00)
Discounted Premium:	\$ 1,375
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 248
HFIAA Surcharge:	\$ 25
Federal Policy Fee:	\$ 47
Total Premium	\$ 1,695

ADDITIONAL INTERESTS

Additional Insured
EVA ROJEK ,
124 Stillwater Ct,
Marco Island, FL, 34145

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

