

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 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

SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE		
A1. Building Owner's Name: Heidi Wilenius & Scot Pannepacker	Policy Number: _____		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 33 West Broad Street	Company NAIC Number: _____		
City: Hopewell	State: NJ ZIP Code: 08525		
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: Lot 70 Block 25, Borough of Hopewell			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential			
A5. Latitude/Longitude: Lat. N40°23'16.68" Long. W074°45'49.42" Horiz. 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 color photographs (one for each side) of the building (see Form pages 7 and 8).			
A7. Building Diagram Number: 2A			
A8. For a building with a crawlspace or enclosure(s):			
a) Square footage of crawlspace or enclosure(s): N/A sq. ft.			
b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: 0 Engineered flood openings: 0			
d) Total net open area of non-engineered flood openings in A8.c: 0 sq. in.			
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): 0 sq. ft.			
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): 0 sq. ft.			
A9. For a building with an attached garage:			
a) Square footage of attached garage: N/A sq. ft.			
b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: 0 Engineered flood openings: 0			
d) Total net open area of non-engineered flood openings in A9.c: 0 sq. in.			
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): 0 sq. ft.			
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): 0 sq. ft.			
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
B1.a. NFIP Community Name: Borough of Hopewell	B1.b. NFIP Community Identification Number: 340248		
B2. County Name: Mercer	B3. State: NJ	B4. Map/Panel No.: 34021C0019	B5. Suffix: F
B6. FIRM Index Date: 07/20/2016	B7. FIRM Panel Effective/Revised Date: 07/20/2016		
B8. Flood Zone(s): A & AE	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 176		
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			

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		Policy Number: _____	
City: <u>Hopewell</u> State: <u>NJ</u> ZIP Code: <u>08525</u>		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: Topnet Live Vertical Datum: NAVD 1988

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

NGVD 1929 NAVD 1988 Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used? If Yes, describe the source of the conversion factor in the Section D Comments area.

Yes No

Check the measurement used:

- | | | |
|---|--------------|--|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor): | <u>174.4</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions): | <u>181.7</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | <u>N/A</u> | <input 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): | <u>174.4</u> | <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 | <u>176.1</u> | <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 | <u>180.6</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | <u>175.6</u> | <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 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: Thomas A. Harris, Jr. License Number: 34858

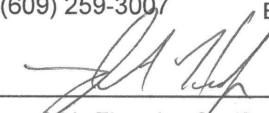
Title: Land Surveyor

Company Name: Harris Surveying, Inc.

Address: 2465 Old York Road, Suite B

City: Bordentown State: NJ ZIP Code: 08505

Telephone: (609) 259-3007 Ext.: _____ Email: Tomjr@harrissurvey.com

Signature:  Date: 2/1/2024

Place Seal Here

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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):
Lowest elevation of M & E servicing building is the HVAC located inside of building.

job no. 240144

ELEVATION CERTIFICATE

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	Policy Number: _____
City: Hopewell _____ State: NJ ZIP Code: 08525	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: _____

Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

Comments: _____

ELEVATION CERTIFICATE

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

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 33 West Broad Street	FOR INSURANCE COMPANY USE
City: <u>Hopewell</u>	Policy Number: _____
State: <u>NJ</u>	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

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 33 West Broad Street	FOR INSURANCE COMPANY USE
City: Hopewell	Policy Number: _____
State: NJ ZIP Code: 08525	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 floor (include above-grade floors only for buildings with 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: _____

Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

Comments: _____

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
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.:
33 West Broad Street

City: Hopewell State: NJ ZIP Code: 08525

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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



Photo One

Photo One Caption: Front View July 2024



Photo Two

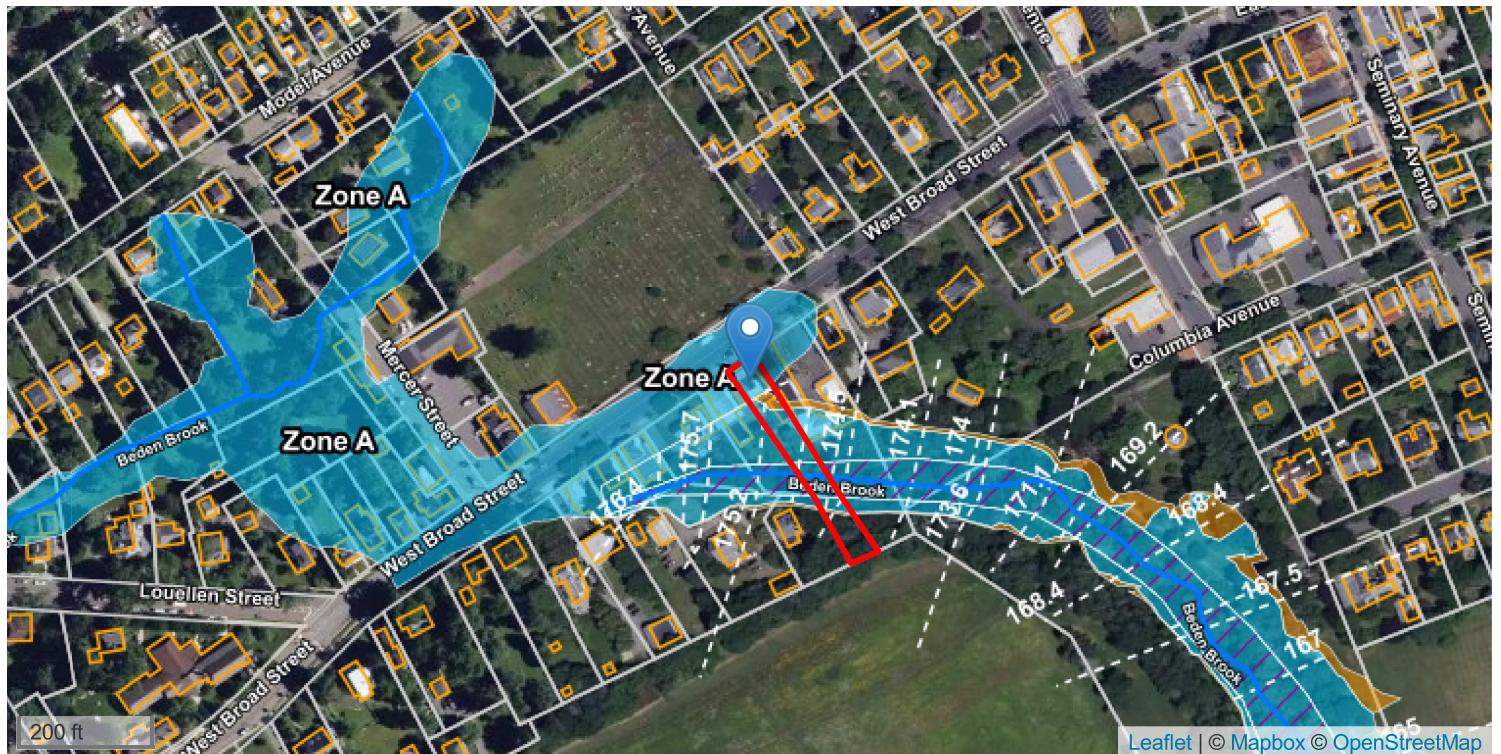
Photo Two Caption: Rear View July 2024





FloodRisk Standard

Provided Location	33 W BROAD ST, HOPEWELL, NJ 08525		
Standardized Location	33 W BROAD ST, HOPEWELL, NJ 08525		
Latitude, Longitude	40.388002, -74.763729	Parcel ID	1105_25_70
FIPS / MSA / Tract	34021 / 45940 / 39.02	Community No.	340248
Community Name	HOPEWELL, BOROUGH OF		
County Name	MERCER COUNTY		



Flood Zone	Zone A	Next Nearest Zone (Dist.)	X500 (26 ft)
BFE	NOT APPLICABLE	USGS Ground Elev	179 ft NAVD88
FEMA Map	34021C0019F, 07/20/2016	Previous Map	3402480001C, 02/15/1978, Zone X500
NFIP Status	PARTICIPATING	NFIP Program	REGULAR
LOMA or LOMR	NO	CBRS / OPA	NO
Claims* \$ / #	\$218,416 / 7	NFIP PIF*	9
Flood Source	141 ft	Salt Water	>6 miles
			Fresh Water
			205 ft

*Aggregated by NFIP community.

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STANDARD FLOOD INSURANCE APPLICATION

PO BOX 2057, KALISPELL, MT, 59903

FARM FAMILY CASUALTY

INSURANCE COMPANY

null

null

Date 10-14-2024	Application Number FLD3803000559	Effective Date 11-14-2024	Expiration Date 11-14-2025	Waiting Period Standard - 30 Day Wait
Insured Name(s) DR. BUNSEN HONEY DEW LLC	Mailing Address & Phone 33 W Broad St, Hopewell, NJ, 08525 Home Phone: Work Phone: Cell Phone:(409)466-3265 Email:heidiwilenius@gmail.com	Property Address 33 W BROAD ST, Hopewell, NJ, 08525	Property Address Type:Location	Agency Name, Address & Phone 52 E BROAD ST STE 4, FARM FAMILY INSURANCE, Hopewell, NJ, 08525 Email: JEFFREY.WEISS@AMERICAN-NATIONAL.COM Phone Number:6093095822 Agent Name:WEISS, JEFFREY
Applicant Type:BUSINESS Prior Company NAIC: Prior Policy Number: Prior Company Name: Renewal Billing:	Other Policy Number: Potential Duplicate Policy:			
Current Community Information Community Name: Community Number:340248 Map Panel:0019 Map Panel Suffix:F Current Flood Zone:A Current Base Flood Elevation(BFE):179 FIRM Date:02-15-1978 Program:FLOODREGULAR Program Status: County:Mercer County Current Map Date:07-20-2016 Rating Map Date:	Prior Community Information Community Number: Map Panel: Map Panel Suffix: Flood Zone: FIRM Date:02-15-1978 Has This Property Been Remapped?: Map Revision Date:			
Construction Date Date of Original Construction:12-31-1899 Building Substantially Improved:YES Post-FIRM Construction:YES Substantial Improvement Date:01-01-2000 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:Non-Residential Building
Building Description:
Is this the Applicant's Primary
Residence: NO

Is the insured a small business with
less than 100 employees?: YES
Is the insured a nonprofit entity?:NO

Date:

APC PRV 07 21





STANDARD FLOOD INSURANCE APPLICATION

FARM FAMILY CASUALTY

INSURANCE COMPANY

null

null

PO BOX 2057, KALISPELL, MT, 59903

Date	Application Number	Effective Date	Expiration Date	Waiting Period
10-14-2024	FLD3803000559	11-14-2024	11-14-2025	Standard - 30 Day 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:				
Foundation Information				
Foundation:Basement				
Enclosure/Crawlspace Size:				
Number of Elevators:				
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:07-01-2024				
Diagram Number:2A				
Top of Bottom Floor:174.4				
Top of Next Higher Floor:181.7				
Lowest Adjacent Grade (LAG):176.1				
Premium Calculations				
RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	AMOUNT DUE
Building	500,000.00	5,000.00	Building Premium: \$ 5,240.00	
Content	50,000.00	5,000.00	Content Premium: \$ 652.00	
			Increased Cost of Compliance (ICC) Premium: \$ 75.00	
			Mitigation Discount: \$ 0.00	
			Community Rating System Reduction: \$ 0.00	
			Full Risk Premium: \$ 5,967.00	
			Annual Increase Cap Discount: \$ 0.00	
			Pre-Firm Discount: \$ 0.00	
			Discounted Premium: \$ 5,967.00	
			Reserve Fund Assessment: \$ 1,074.00	
			HFIAA Surcharge: \$ 250.00	
			Federal Policy Fee: \$ 47.00	
			Probation Surcharge: \$ 0.00	
			Total Quoted Premium	\$ 7,338.00

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

Date:

APC PRV 07 21





AN AMERICAN NATIONAL COMPANY

Flood Insurance Payment Confirmation Receipt

Quote Number: TMP240826762873

Policy Number: FLD3803000559

Insured Name: DR. BUNSEN HONEY DEW LLC

Property Address: 33 W BROAD ST, Hopewell, NJ, 08525

Transaction Date: 10/14/2024

Remittance ID: 27IFE26N

Premium Paid: \$7338



Valuation Detailed Report

8/27/2024

VALUATION

Valuation Number:	CLAS-662985	Effective Date:	07/12/2024
Value Basis:	Reconstruction	Expiration Date:	07/12/2025
		Cost as of:	07/2024
		Valuation Modified Date:	08/27/2024

BUSINESS

DR. BUNSEN HONEY DEW LLC
93 W PROSPECT ST
HOPEWELL, NJ 08525-1909 USA

LOCATION 1 - <UNKNOWN>

<UNKNOWN>
33 W BROAD ST
HOPEWELL, NJ 08525-1928 USA

Location Adjustments

Climatic Region:	2 - Moderate
High Wind Region:	1 - Minor Damage
Seismic Zone:	3 - Moderate Damage

BUILDING 1 - Building #1

Main Structure

SUPERSTRUCTURE

Occupancy:	90% Store or Shop, General 10% Apartment, Low-Rise, Older	Story Height:	16 ft. 9 ft.
Construction Type:	100% Masonry (ISO 2)	Number of Stories:	2
Gross Floor Area:	5,000 sq.ft.	Irregular Adjustment:	None
Construction Quality:	1.0 - Economy		
Year Built:	1900		

Adjustments

Hillside Construction:	Degree of Slope: Level Site Position: Unknown	Site Accessibility:	Excellent
		Soil Condition:	Excellent

Fees

Architect Fees:	7% is included
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CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.

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Valuation Detailed Report

Policy Number: CLAS-662985

8/27/2024

Overhead and Profit: 20% is included

SUMMARY OF COSTS	User Provided	System Provided	Reconstruction	Exclusion
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SUPERSTRUCTURE

Site Preparation		\$853
Foundations		\$73,077
Exterior		\$396,610
Roof		\$67,613
Material	100% Built-Up, Smooth	
Interior		\$171,987
Floor Finish	100% Hardwood	
Ceiling Finish	100% Suspended Acoustical	
Mechanicals		\$316,051
Heating	100% Electric Baseboard or Wall Unit	
Cooling	100% Unit Air Conditioners, Air Cooled	
Plumbing	3 Total Fixtures	
Electrical	100% Low Quality	
Built-ins		\$44,210

TOTAL RC Main Structure	\$1,070,400
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TOTAL RC BUILDING 1 Building #1	\$1,070,400
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	Reconstruction	Sq.Ft.	\$/Sq.Ft.
LOCATION TOTAL, Location 1	\$1,070,400	5,000	\$214
	Reconstruction	Sq.Ft.	\$/Sq.Ft.
VALUATION GRAND TOTAL	\$1,070,400	5,000	\$214

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

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Valuation Detailed Report

SUMMARY REPORT

Policy Number: CLAS-662985

8/27/2024

VALUATION

Valuation Number:	CLAS-662985	Effective Date:	07/12/2024
Value Basis:	Reconstruction	Expiration Date:	07/12/2025
		Cost as of:	07/2024
		Valuation Modified Date:	08/27/2024

BUSINESS

DR. BUNSEN HONEY DEW LLC
93 W PROSPECT ST
HOPEWELL, NJ 08525-1909 USA

LOCATION 1 - <UNKNOWN>

<UNKNOWN>
33 W BROAD ST
HOPEWELL, NJ 08525-1928 USA

BUILDING 1: SUPERSTRUCTURE			Reconstruction	Sq.Ft.	\$/Sq.Ft.
Main Structure	90%	Store or Shop, General	\$1,070,400	5,000	\$214
	10%	Apartment, Low-Rise, Older			
Section Totals			Reconstruction	Sq.Ft.	\$/Sq.Ft.
Main Structure	90%	Store or Shop, General	\$1,070,400	5,000	\$214
	10%	Apartment, Low-Rise, Older			
BUILDING TOTAL, Building 1			\$1,070,400	5,000	\$214

BUILDING INSURANCE SUMMARY

Total Insured Amount	\$0
Percent of Insurance to Value	0%
100% Co-insurance Requirement	\$1,070,400
-100% Variance	(\$1,070,400)

	Reconstruction	Sq.Ft.	\$/Sq.Ft.
LOCATION TOTAL, Location 1	\$1,070,400	5,000	\$214
	Reconstruction	Sq.Ft.	\$/Sq.Ft.
VALUATION GRAND TOTAL	\$1,070,400	5,000	\$214

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.

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Valuation Detailed Report

Policy Number: CLAS-662985

8/27/2024

End of Report

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.

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DR BUNSEN HONEYDEW LLC

93 W PROSPECT ST
HOPEWELL, NJ 08525

106
55-5311212
5

DATE

11/26/12

PAY
TO THE
ORDER OF

Farm Family Insurance

\$ 6200
DOLLARS

CHECK NUMBER



Photo
Safe
Depository
Details on back

84 hundred forty + 09/100
LakelandBank
for food money

John

"#000106" 110212053761: 65042187110



FARM FAMILY CASUALTY INSURANCE
COMPANY
PO BOX 2057 KALISPELL MT 59903 UNITED
STATES

FARM FAMILY CASUALTY INSURANCE
COMPANY
null
null
NAIC# : 13803

PROPERTY ADDRESS #: 33 W BROAD ST, Hopewell, NJ, 08525

ENDORSEMENT EFFECTIVE DATE: 11-14-2024

POLICY #: FLD3803000559

REASON FOR CHANGE:

NFIP POLICY #: 3803000559

POLICY FORM:

POLICY TERM: 11-14-2024 (12:01 AM) - 11-14-2025 (12:01 AM)

POLICY DECLARATIONS TYPE:

POLICY ISSUED BY: FARM FAMILY CASUALTY INSURANCE COMPANY

RATE CATEGORY :

PAYOR: DR. BUNSEN HONEY DEW LLC

RatingEngine

INSURED NAME & MAILING ADDRESS

DR. BUNSEN HONEY DEW LLC

33 W Broad St,

Hopewell, NJ, 08525

AGENT CONTACT INFORMATION

WEISS, JEFFREY

52 E BROAD ST STE 4, FARM FAMILY INSURANCE, Hopewell, NJ,

08525

Phone : 6093095822

FLOOD INSURANCE POLICY DECLARATIONS

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

Policy Coverages & Endorsements

COVERAGE	DEDUCTIBLE
Building	\$ 500,000
Contents	\$ 50,000

\$ 7,949

Total Annual Payment

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

Includes Premium, Discounts, Fees, and Surcharges

Property Information

Primary Residence	NO
Building Occupancy	Non-Residential Building
Building Description	Commercial
First Floor Height (FFH)	5.6
Method Used to Determine FFH	EC
Property Description	Basement, 3 Floors , Masonry
Date of Substantial Improvement	01-01-2000
Prior NFIP Claims	0 Claim(s)
Replacement Cost Value	\$ 1,070,400.00

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

Premium Calculations

COMPONENTS OF THE TOTAL	PREMIUM
Building Premium:	\$ 5,662
Contents Premium:	\$ 748
Increased Cost of Compliance (ICC) Premium:	\$ 75
Community Rating System Discount:	\$ 0
Full-Risk Premium:	\$ 6,485
Discounted Premium:	\$ 6,485
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 1,167
HFIAA Surcharge:	\$ 250
Federal Policy Fee:	\$ 47
Total Premium	\$ 7,949

ADDITIONAL INTERESTS

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: 12-10-2024

