

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 owner.

SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: <u>LETICIA GONZALEZ</u>	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>13360 SW 90 TERRACE</u>	Company NAIC Number: _____
City: <u>MIAMI</u> State: <u>FL</u> ZIP Code: <u>33186</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>TAX PARCEL NO. 30-5902-018-1870</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>RESIDENTIAL</u>	
A5. Latitude/Longitude: Lat. <u>25.68324</u> Long. <u>-80.41088</u> 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: <u>1A</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) 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: <u>N/A</u> Engineered flood openings: <u>N/A</u> d) Total net open area of non-engineered flood openings in A8.c: <u>N/A</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>N/A</u> sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: <u>N/A</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 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: <u>N/A</u> Engineered flood openings: <u>NO</u> d) Total net open area of non-engineered flood openings in A9.c: <u>N/A</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>N/A</u> sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.	
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
B1.a. NFIP Community Name: <u>MIAMI-DADE COUNTY UNINCORPORATED</u> B1.b. NFIP Community Identification Number: <u>120635</u>	
B2. County Name: <u>MIAMI - DADE COUNTY</u> B3. State: <u>FL</u> B4. Map/Panel No.: <u>12086C0441</u> B5. Suffix: <u>L</u>	
B6. FIRM Index Date: <u>09/11/2009</u> B7. FIRM Panel Effective/Revised Date: <u>09/11/2009</u>	
B8. Flood Zone(s): <u>AH</u> B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>8 FT.</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 checked="" type="checkbox"/> NGVD 1929 <input 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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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
13360 SW 90 TERRACE

City: MIAMI State: FL ZIP Code: 33186

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.
Benchmark Utilized: MIAMI-DADE CO. B.M. M-105 Vertical Datum: NGVD 1929

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.

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	9.6	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor (see Instructions):	N/A	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (see Instructions):	N/A	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab):	N/A	<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):	9.1	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished	8.8	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished	8.9	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	N/A	<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: CLYDE MCNEAL License Number: LB 8111

Title: REG. LAND SURVEYOR

Company Name: NEXGEN SURVEYING, LLC

Address: 1547 PROSPERITY FARMS ROAD

City: LAKE PARK State: FL ZIP Code: 33403

Telephone: (561) 508-6272 Ext.: _____ Email: _____

Signature: Clyde O McNeal Digitally signed by Clyde O McNeal Date: 2024.03.06 13:42:57 -05'00' Date: 03/06/2024

Clyde
O
McNe
al
Digitally signed by
Clyde O
McNeal
Date:
2024.03.06
13:41:38
-05'00'
Place Seal Here

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):
This information is being collected for the primary purpose of estimating the risk premium rates necessary to provide flood insurance and is not to be used for any construction permitting purposes.

Latitude/Longitude in A5 derived from Google Maps. Machinery/Equipment in C2e is an A/C Pad.

ELEVATION CERTIFICATE

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

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City: MIAMI State: FL ZIP Code: 33186	Policy Number: _____ Company NAIC Number: _____
SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)	
<p>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.</p> <p>Building measurements are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.</p> <p>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.</p> <p>a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the LAG.</p> <p>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: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>E3. Attached garage (top of slab) is: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>E4. Top of platform of machinery and/or equipment servicing the building is: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown The local official must certify this information in Section G.</p>	
SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION	
<p>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. <i>The statements in Sections A, B, and E are correct to the best of my knowledge</i></p> <p><input type="checkbox"/> Check here if attachments and describe in the Comments area.</p> <p>Property Owner or Owner's Authorized Representative Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ ZIP Code: _____</p> <p>Telephone: _____ Ext.: _____ Email: _____</p> <p>Signature: _____ Date: _____</p> <p>Comments:</p>	

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.: 13360 SW 90 TERRACE	FOR INSURANCE COMPANY USE
City: MIAMI State: FL ZIP Code: 33186	Policy Number: _____ Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2.a. ☐ A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.

G2.b. ☐ A local official completed Section H for insurance purposes.

G3. ☐ In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.

G4. ☐ The following information (Items G5–G11) is provided for community floodplain management purposes.

G5. Permit Number: _____ G6. Date Permit Issued: _____

G7. Date Certificate of Compliance/Occupancy Issued: _____

G8. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters Datum: _____

G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ ☐ feet ☐ meters Datum: _____

G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ ☐ feet ☐ meters Datum: _____

G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ ☐ feet ☐ meters Datum: _____

G11. Variance issued? ☐ Yes ☐ No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

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

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 13360 SW 90 TERRACE	FOR INSURANCE COMPANY USE
City: MIAMI State: FL ZIP Code: 33186	Policy Number: _____
	Company NAIC Number: _____

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5–8. Top of bottom _____ ☐ feet ☐ meters ☐ above the LAG floor (include above-grade floors only for buildings with crawlspaces or enclosure floors) is:

b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next _____ ☐ feet ☐ meters ☐ above the LAG higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is:

H2. Is all Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

☐ Yes ☐ No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* Note: If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

☐ Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

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.:
 13360 SW 90 TERRACE

City: MIAMI State: FL ZIP Code: 33186

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: Photo Taken 03/05/2024 "Front View"

Clear Photo One



Photo Two

Photo Two Caption: Photo Taken 03/05/2024 "Rear View"

Clear Photo Two

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

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
13360 SW 90 TERRACE

City: MIAMI State: FL ZIP Code: 33186

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.

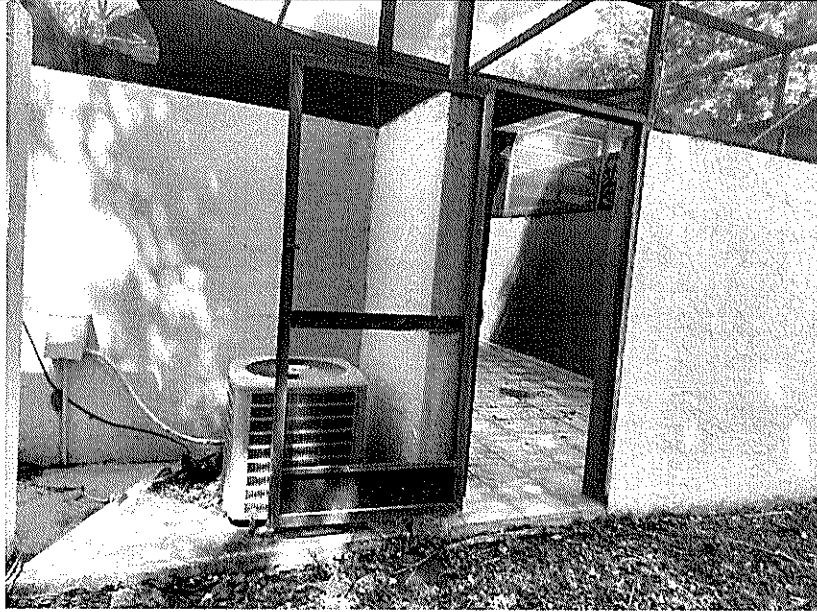


Photo Three

Photo Three Caption: Photo Taken 03/05/2024 "Side View with A/C"

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four





MONARCH NATIONAL INSURANCE COMPANY
PO Box 2057 Kalispell MT 59901 USA

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

PROPERTY ADDRESS #:	13360 SW 90TH TERRACE, Miami, FL, 33186	POLICY FORM:	Dwelling Policy
POLICY #:	FLD5715006868	POLICY DECLARATIONS TYPE:	New Policy Declarations
NFIP POLICY #:	5715006868		
POLICY TERM:	03-08-2024 (At time of loan closing) - 03-08-2025 (12:01 AM)	RATE CATEGORY :	RatingEngine
POLICY ISSUED BY:	MONARCH NATIONAL INSURANCE COMPANY		
PAYOR:	LETICIA GONZALEZ MASEDA		

INSURED NAME & MAILING ADDRESS

LETICIA GONZALEZ MASEDA
13360 SW 90th Terrace,
Miami, FL, 33186

AGENT CONTACT INFORMATION

A AUTOMOTIVE INSURANCE
7154 PEMBROKE RD, KLG INSURANCE GROUP, Hollywood, FL,
33023
Phone : 9548930005

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	\$ 850
Contents	\$ 0	\$ 0	
Coverage limitations may apply. See your Policy Form for details.			Total Annual Payment
			Includes Premium, Discounts, Fees, and Surcharges

Property Information

Primary Residence	YES
Building Occupancy	Single Family
Building Description	Main House/Building
First Floor Height (FFH)	1
Method Used to Determine FFH	EC
Property Description	Slab on Grade (non-elevated), 2 Floors , Masonry
Date of Construction	12-31-1981
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:	\$ 798
Contents Premium:	\$ 0
Increased Cost of Compliance (ICC) Premium:	\$ 15
Community Rating System Discount:	\$ (154.00)
Full-Risk Premium:	\$ 659
Discounted Premium:	\$ 659
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 119
HFIAA Surcharge:	\$ 25
Federal Policy Fee:	\$ 47
Total Premium	\$ 850

ADDITIONAL INTERESTS

Loss Payee
COLUMBUS CAPITAL LENDING LLC ISAOA ATIMA,
9955 N KENDALL DR,
Miami, Miami-Dade County, FL, 33176
Loan # : 12102401067106

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: 03-11-2024





STANDARD FLOOD INSURANCE APPLICATION

MONARCH NATIONAL
INSURANCE COMPANY

<https://monarchnational.com/>

PO Box 2057 Kalispell MT 59901 USA

(800) 219-3102

Date	Application Number	Effective Date	Expiration Date	Waiting Period
03-07-2024	FLD5715006868	03-08-2024	03-08-2025	Loan Transaction - No Wait

Insured Name(s)	Mailing Address & Phone	Property Address	Agency Name, Address & Phone
LETICIA GONZALEZ MASEDA	13360 SW 90th Terrace,Miami,FL,33186	13360 SW 90TH TERRACE, 33186, Miami, FL	7154 PEMBROKE RD,Hollywood,FL,33023
	Home Phone:		Email:guerrakl@hotmail.com
	Work Phone:		Phone Number:9548930005
	Cell Phone:(786)303-8082	Property Address Type:Location	Agent Name:A AUTOMOTIVE INSURANCE
	Email:Letity79@gmail.com		

Applicant Type:INDIVIDUAL

Prior Company NAIC:

Prior Policy Number:

Prior Company Name:

Renewal Billing:

Other Policy Number:

Potential Duplicate Policy:

Additional Interest

COLUMBUS CAPITAL LENDING LLC ISAOA ATIMA
9955 N KENDALL DR,
Miami, Miami-Dade County , FL, 33176

Phone Number:

Fax Number:

Loan Number:12102401067106

Required under

Mandatory

Purchase:

Current Community Information

Community Name:

Community Number:120635

Map Panel:0441

Map Panel Suffix:L

Current Flood Zone:AH

Current Base Flood Elevation(BFE):8

FIRM Date:09-29-1972

Program:FLOODREGULAR

Program Status:

County:

Current Map Date:09-11-2009

Rating Map Date:

Prior Community Information

Community Number:

Map Panel:

Map Panel Suffix:

Flood Zone:

FIRM Date:09-29-1972

Has This Property Been Remapped?:

Map Revision Date:

Construction Date

Date of Original Construction:12-31-1981

Building Substantially Improved:NO

Post-FIRM Construction:YES

Substantial Improvement Date:

Building is on list of Historic Buildings:

Prior Policy Information

Is this a new purchase (within the last year)?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 59901 USA

MONARCH NATIONAL
INSURANCE COMPANY

<https://monarchnational.com/>

(800) 219-3102

Date	Application Number	Effective Date	Expiration Date	Waiting Period
03-07-2024	FLD5715006868	03-08-2024	03-08-2025	Loan Transaction - No 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: 305999		
Prior NFIP Claims:		Replacement Cost Value Returned by FEMA: 319405		
Building Severe Repetitive Loss (SRL)		Total sq. footage of building: 1772		
Property:		Total # of floors in building: 2		
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?:		
		Number of Detached Structures: 0		
		Building Located on Federal Land:		
		Is the policy force-placed by the lender?:		
Foundation Information		Mobilehome/Travel Trailer Information		
Foundation:Slab on Grade (non-elevated)		On Permanent Foundation:		
Enclosure/Crawlspace Size:		Anchored By:		
Number of Elevators:		Serial Number:		
Venting Information (excluding V-Zones)		Area of Permanent Openings (Sq. In.):		
Enclosure/Crawlspace Has Valid Flood Openings:		Has Engineered Openings:		
Number of Openings:				
Building Machinery, Equipment and Appliances		Does the building contain machinery and equipment servicing the building?:		
Does the building contain appliances?:				
Are all appliances elevated above the first floor?:		Is all machinery and equipment servicing the building, located inside or outside the building, elevated above the first floor?: NO		
Elevation Certificate Information		Floodproofing Certificate:		
Elevation Certificate Section Used:C		Flood Proofing Elevation:		
Elevation Certificate Date:03-06-2024		Lowest (Rating) Floor Elevation:		
Diagram Number:1A		Elevation Certificate First Flood Height:!		
Top of Bottom Floor:9		FEMA First Floor Height:!		
Top of Next Higher Floor:		First Floor Height Method Used:EC		
Lowest Adjacent Grade (LAG):8				

Premium Calculations

RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	AMOUNT DUE
Building	250,000.00	2,000.00	Building Premium:	\$ 798.00
Content	0.00	0.00	Content Premium:	\$ 0.00
			Increased Cost of Compliance (ICC) Premium:	\$ 15.00
			Mitigation Discount:	\$ 0.00
			Community Rating System Reduction:	\$ (154.00)
			Full Risk Premium:	\$ 659.00
			Annual Increase Cap Discount:	\$ 0.00
			Pre-Firm Discount:	\$ 0.00
			Discounted Premium:	\$ 659.00
			Reserve Fund Assessment:	\$ 119.00
			HFIAA Surcharge:	\$ 25.00
			Federal Policy Fee:	\$ 47.00
			Probation Surcharge:	\$ 0.00
			Total Quoted Premium	\$ 850.00

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

Date:

APC PRV 07 21



FLD5715006868 / LETICIA GONZALEZ MASEDA

Quote Source: AGENT

13360 SW 90TH TERRACE, Miami, Miami-Dade County,
FL, 33186 - 1610

Letity79@gmail.com

(786)303-8082

13360 SW 90th Terrace, Miami, Miami-Dade County,
FL, 33186 - 1610

Renew indicator : BATCH RENEWAL

Agent Tasks : Return Mail

Term Start Date :	03/08/2024	Term End Date :	03/08/2025	Transaction Type :	Endorsement- Building Information
Transaction Eff. Dt. :	03/08/2024	Waiting Period:	Loan Transaction - No Wait	last Updated Date :	04-23-2024
Last Updated By :	CHRISTINA POWELL	Applicant Date :	03/07/2024		
Claims	0	Loss Run		Risk Rating	2.0
Total Premium Change :	\$(58.00)	Bill To :	POLHOLDER	Serv Rep :	
Total Premium :	\$792.00			U/writer :	
				Product Name :	Flood Program

Coverage	+
Property Info	+
Additional info	+
Billing	-

Account View Receivable View Invoicing Subledger

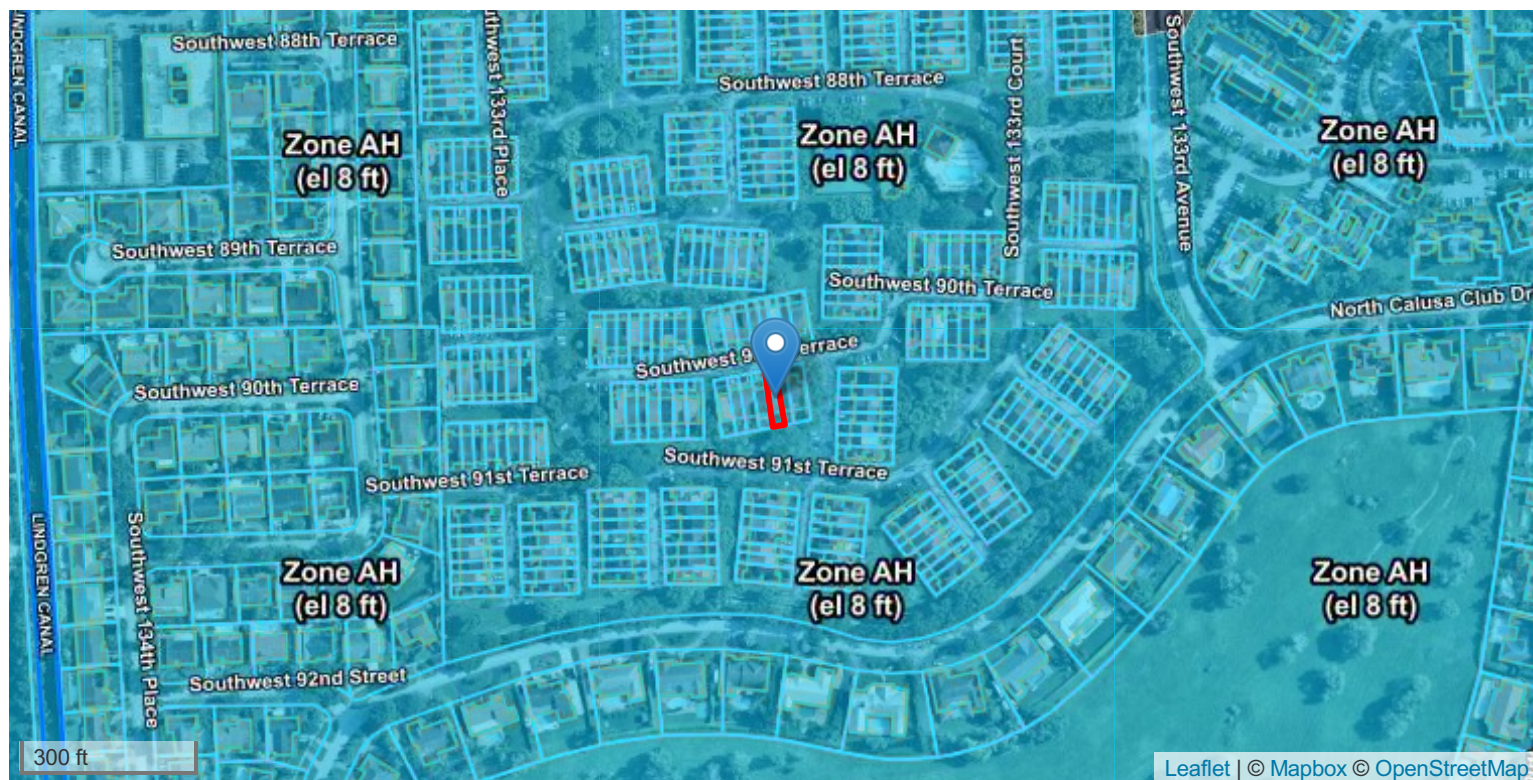
Unposted

Policy Transaction

ACCOUNTING DT.	TRANS TYPE	TRANS REF	CHECK NO	CERTIFIED DATE	DEBIT	CREDIT	BALANCE	SYSTEM DT
03/07/2024	PAYMENT	M1571500018879		03/07/2024	\$0.00	\$(850.00)	\$(850.00)	03/07/2024
03/11/2024	INVOICE	INV00189298			\$850.00	\$0.00	\$0.00	03/11/2024
04/23/2024	INVOICE	INV00192184			\$0.00	\$(58.00)	\$(58.00)	04/23/2024
04/24/2024	REFUND	INV00192184	800136920		\$58.00	\$0.00	\$0.00	04/24/2024

FloodRisk Standard

Provided Location	13360 SW 90TH TERRACE, MIAMI, FL 33186		
Standardized Location	13360 SW 90TH TER, MIAMI, FL 33186-1635		
Latitude, Longitude	25.683277, -80.410752	Parcel ID	3059020181860
FIPS / MSA / Tract	12086 / 33124 / 190	Community No.	120635
Community Name	MIAMI-DADE COUNTY *		
County Name	MIAMI-DADE COUNTY		



Flood Zone	Zone X500		Next Nearest Zone (Dist.)		AH (0 ft)
BFE	NOT APPLICABLE		USGS Ground Elev		6 ft NAVD88
FEMA Map	12086C0441L, 09/11/2009		Previous Map		NOT AVAILABLE
NFIP Status	PARTICIPATING	NFIP Program	REGULAR	First FIRM	09/30/1972
LOMA or LOMR	2016-6-24	CBRS / OPA	NO	EC On-File	NO
Claims* \$ / #	\$349,524,567 / 32071	NFIP PIF*	116173	NFIP Discount	25%
Flood Source	956 ft	Salt Water	>6 miles	Fresh Water	1043 ft

*Aggregated by NFIP community.

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04-23-2024 5:02:31 AM	Applied EC< refunded \$58	CHRISTINA POWELL	<input type="checkbox"/>
04-23-2024 7:01:55 AM	CHRISTINA POWELL - Processed refund for \$58	CHRISTINA POWELL	<input type="checkbox"/>