



STRONG TOWER RISK MANAGEMENT LLC  
5644 TRAVILLA CIRCLE STE 103  
NAPLES, FL 34110



NOVEMBER 07, 2023

JOHN S LAMBRECHTS / SANDRA K LAMBRECHTS  
60 7TH ST N  
NAPLES, FL 34102-6017

Policy Number: 3000175381

Insured(s): JOHN S LAMBRECHTS/SANDRA K LAMBRECHTS  
Property Location: 60 7TH ST N  
NAPLES, FL 34102-6017

### ***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](mailto: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: TREVOR GLIWSKI

Agent's Phone Number: (239) 254-6373

- 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.



STRONG TOWER RISK MANAGEMENT LLC  
5644 TRAVILLA CIRCLE STE 103  
NAPLES, FL 34110

Agency Phone: (239) 254-6373

NFIP Policy Number: 3000175381  
Company Policy Number: 3000175381  
Agent: TREVOR GLIWSKI

Payor: INSURED  
Policy Term: 11/16/2023 12:01 AM - 11/16/2024 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

JOHN S LAMBRECHTS / SANDRA K LAMBRECHTS  
60 7TH ST N  
NAPLES, FL 34102-6017

### INSURED NAME(S) AND MAILING ADDRESS

JOHN S LAMBRECHTS / SANDRA K LAMBRECHTS  
60 7TH ST N  
NAPLES, FL 34102-6017

### COMPANY MAILING ADDRESS

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

### INSURED PROPERTY LOCATION

60 7TH ST N  
NAPLES, FL 34102-6017

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: 10/15/2015  
CURRENT FLOOD ZONE: AE  
FIRST FLOOR HEIGHT (FEET): 0.6  
FIRST FLOOR HEIGHT METHOD: ELEVATION CERTIFICATE

### MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE: U.S. BANK NATIONAL ASSOCIATION ITS SUCCESSORS AND/OR ASSIGNS  
P.O. BOX 961045 FORT WORTH, TX 76161

LOAN NO: 2201349254

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	\$1,250
CONTENTS:	\$100,000	\$1,000

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](https://FloodSmart.gov/floodcosts).

### COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$4,194.00
CONTENTS PREMIUM:	\$2,034.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$75.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$1,035.00)
FULL RISK PREMIUM:	\$5,268.00
ANNUAL INCREASE CAP DISCOUNT:	(\$2,997.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$2,271.00
RESERVE FUND ASSESSMENT:	\$409.00
HFIAA SURCHARGE:	\$25.00
FEDERAL POLICY FEE:	\$47.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$2,752.00

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: 29756277

Page 1 of 1



DocID: 228971386

Printed 11/07/2023

### ***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 G. THOMAS HARGROVE & ANITA GROVER				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 60 7TH ST N				Company NAIC Number:	
City NAPLES		State Florida		ZIP Code 34102	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PART OF LOTS 13-16, BLOCK 21, TIER 8, PLAN OF NAPLES					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>N 26°08'51.1"</u> Long. <u>W 81°47'53.6"</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>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) 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>510</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>3</u>					
c) Total net area of flood openings in A9.b <u>366</u> sq in					
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number 125130 / NAPLES			B2. County Name COLLIER		B3. State Florida
B4. Map/Panel Number 12021C 0393	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' (NAVD 1988)
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 CERTIFICATE**OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 60 7TH ST N			Policy Number:
City NAPLES	State Florida	ZIP Code 34102	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: USGS W 243 RESET Vertical Datum: NAVD 1988

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

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- |                                                                                                                               |             |                                          |                                 |
|-------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)                                                   | <u>8.3</u>  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor                                                                                               | <u>N/A</u>  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)                                                           | <u>N/A</u>  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab)                                                                                              | <u>7.9</u>  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | <u>12.6</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)                                                                    | <u>7.7</u>  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)                                                                   | <u>8.1</u>  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                                  | <u>N/A</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 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  
DAVID B. BRUNSLicense Number  
4250Title  
SURVEYORCompany Name  
BRUNS AND BRUNS, INC.Address  
1072 6th AVENUE N.City  
NAPLESState  
FloridaZIP Code  
34102

Signature

Date  
03/10/2017Telephone  
(239) 261-5965Place  
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 type of equipment and location, per C2(e), if applicable)

- ITEM A9(b) ARE SMART VENTS MODEL #1540-510 WITH A TOTAL COVERAGE AREA OF 600 SQUARE FEET.
- ITEM C2(e) IS AN EXTERIOR AIR CONDITIONING UNIT.



**ELEVATION CERTIFICATE****BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

**IMPORTANT: In these spaces, copy the corresponding information from Section A.****FOR INSURANCE COMPANY USE**Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
60 7TH ST N

Policy Number:

City  
NAPLESState  
FloridaZIP Code  
34102

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

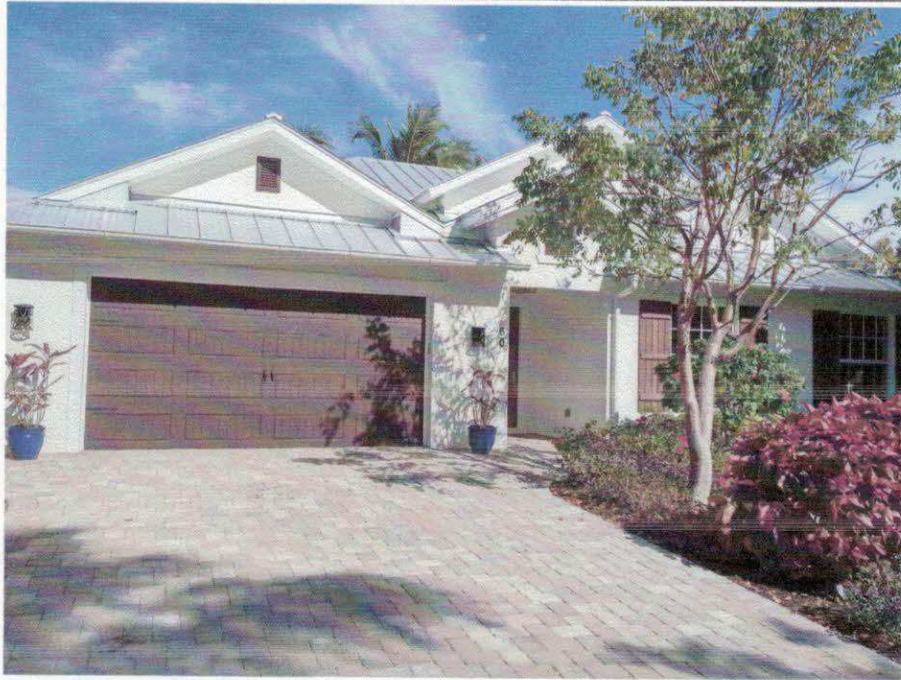


Photo One

Photo One Caption FRONT VIEW (03/10/2017)

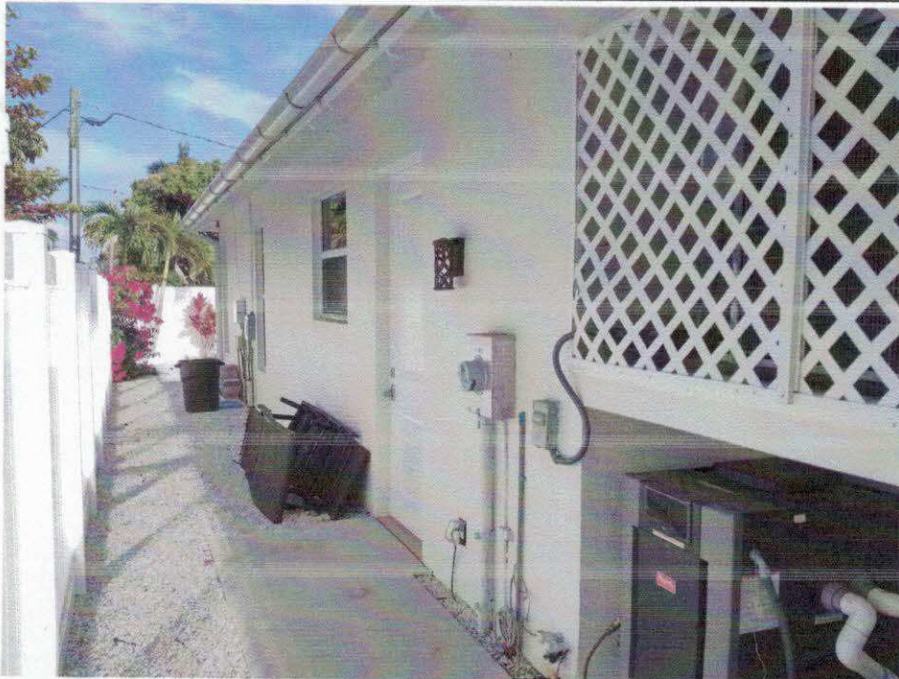


Photo Two

Photo Two Caption LEFT SIDE VIEW (03/10/2017)



**ELEVATION CERTIFICATE****BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

**IMPORTANT: In these spaces, copy the corresponding information from Section A.****FOR INSURANCE COMPANY USE**Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
60 7TH ST N

Policy Number:

City  
NAPLESState  
FloridaZIP Code  
34102

Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

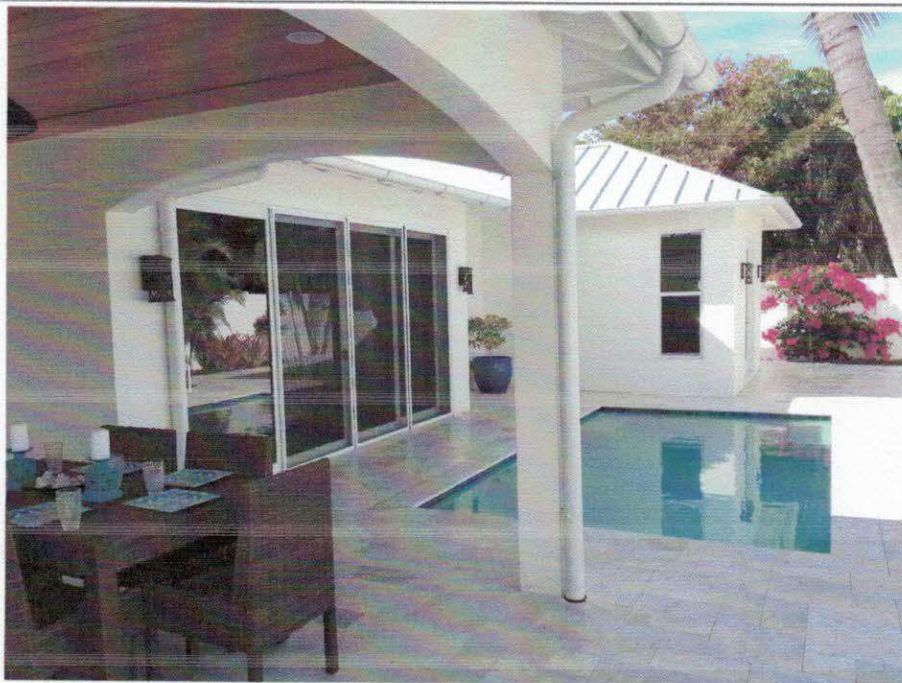


Photo Three

Photo Three Caption REAR VIEW (03/10/2017)



Photo Four

Photo Four Caption RIGHT SIDE VIEW (03/10/2017)



**ELEVATION CERTIFICATE****BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

**IMPORTANT: In these spaces, copy the corresponding information from Section A.****FOR INSURANCE COMPANY USE**Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
60 7TH ST N

Policy Number:

City  
NAPLESState  
FloridaZIP Code  
34102

Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Five

Photo Five Caption FLOOD VENT - TYPICAL (03/10/2017)

Photo Six

Photo Six Caption



# 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
12-27-2024	FLD1953013534	11-16-2024	11-16-2025	Transfer

Insured Name(s)	Mailing Address & Phone	Property Address	Agency Name, Address & Phone
JOHN S LAMBRECHTS	60 7th St N, Naples, FL, 34102 <b>Home Phone:</b> <b>Work Phone:</b> <b>Cell Phone:</b> (555)555-5555 <b>Email:</b> NA@NA.COM	60 7TH ST N, Naples, FL, 34102  <b>Property Address Type:</b> Location	5644 TAVILLA CIRCLE STE 103, Naples, FL, 34110  <b>Email:</b> trevor@strongtowerm.com <b>Phone Number:</b> 239-254-6373 <b>Agent Name:</b> STRONG TOWER RISK MGMT LLC

**Applicant Type:**INDIVIDUAL

**Prior Company NAIC:**

**Prior Policy Number:**3000175381

**Prior Company Name:**

Homesite Insurance Company

**Renewal Billing:**

**Other Policy Number:**

**Potential Duplicate Policy:**

**1st Mortgagee**

U.S. BANK NATIONAL ASSOCIATION ITS SUCCESSORS AND/

**PO BOX 961045,**

**Fort Worth, Tarrant County , TX, 76161**

**Phone Number:**

**Fax Number:**

**Loan Number:**2201349254

**Required under**

**Mandatory**

**Purchase:**

**Current Community Information**

**Community Name:**

**Community Number:**125130

**Map Panel:**0393

**Map Panel Suffix:**J

**Current Flood Zone:**AE

**Current Base Flood Elevation(BFE):**7

**FIRM Date:**07-02-1971

**Program:**FLOODREGULAR

**Program Status:**

**County:**Collier County

**Current Map Date:**02-08-2024

**Rating Map Date:**

**Prior Community Information**

**Community Number:**

**Map Panel:**

**Map Panel Suffix:**

**Flood Zone:**

**FIRM Date:**07-02-1971

**Has This Property Been Remapped?:**

**Map Revision Date:**

**Construction Date**

**Date of Original Construction:**10-15-2015

**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:**3000175381

**Prior Owner Company Name:**

Homesite Insurance Company

**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 the insured a small business with**

**less than 100 employees?:** 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 12-27-2024	Application Number FLD1953013534	Effective Date 11-16-2024	Expiration Date 11-16-2025	Waiting Period Transfer
<b>Building Information</b> 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:		<b>Building Located Over Water:</b> Not over Water <b>Building in Course of Construction:</b> NO <b>Building Construction Type:</b> Frame <b>Construction Type Description:</b> <b>Estimated Building Replacement Cost:</b> 2460516 <b>Replacement Cost Value Returned by FEMA:</b> 334907 <b>Total sq. footage of building:</b> 1921 <b>Total # of floors in building:</b> 1 <b>Total # of units in building:</b> 1 <b>What floor is the unit located on?:</b> <b>Number of Detached Structures:</b> 0 <b>Building Located on Federal Land:</b> <b>Is the policy force-placed by the lender?:</b>		
<b>Foundation Information</b> Foundation:Slab on Grade (non-elevated) Enclosure/Crawlspace Size: Number of Elevators:		<b>Mobilehome/Travel Trailer Information</b> <b>On Permanent Foundation:</b> <b>Anchored By:</b> <b>Serial Number:</b>		
<b>Venting Information (excluding V-Zones)</b> Enclosure/Crawlspace Has Valid Flood Openings: Number of Openings:		<b>Area of Permanent Openings (Sq. In.):</b> <b>Has Engineered Openings:</b>		
<b>Building Machinery, Equipment and Appliances</b> Does the building contain appliances?: Are all appliances elevated above the first floor?:		<b>Does the building contain machinery and equipment servicing the building?:</b>  <b>Is all machinery and equipment servicing the building, located inside or outside the building, elevated above the first floor?:</b> NO		
<b>Elevation Certificate Information</b> Elevation Certificate Section Used:C Elevation Certificate Date:03-10-2017 Diagram Number:1A Top of Bottom Floor:8.3 Top of Next Higher Floor: Lowest Adjacent Grade (LAG):7.7		<b>Floodproofing Certificate:</b> <b>Flood Proofing Elevation:</b> <b>Lowest (Rating) Floor Elevation:</b> <b>Elevation Certificate First Floor Height:</b> 0.6 <b>FEMA First Floor Height:</b> 0.6 <b>First Floor Height Method Used:</b> EC		

## Premium Calculations

RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	AMOUNT DUE
Building	250,000.00	1,250.00	Building Premium:	\$ 4,297.00
Content	100,000.00	1,000.00	Content Premium:	\$ 2,094.00
			Increased Cost of Compliance (ICC) Premium:	\$ 75.00
			Mitigation Discount:	\$ 0.00
			Community Rating System Reduction:	\$ (849.00)
			Full Risk Premium:	\$ 5,617.00
			Annual Increase Cap Discount:	\$ (2,759.00)
			Newly Mapped Discount:	\$ 0.00
			Pre-Firm Discount:	\$ 0.00
			Discounted Premium:	\$ 2,858.00
			Reserve Fund Assessment:	\$ 514.00
			HFIAA Surcharge:	\$ 25.00
			Federal Policy Fee:	\$ 47.00
			Probation Surcharge:	\$ 0.00
			<b>Total Quoted Premium</b>	<b>\$ 3,444.00</b>

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

Date:

APC PRV 07 21





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 #:	60 7TH ST N, Naples, FL, 34102	POLICY FORM:	Dwelling Policy
POLICY #:	FLD1953013534	POLICY DECLARATIONS TYPE:	New Policy Declarations
NFIP POLICY #:	1953013534		
POLICY TERM:	11-16-2024 (12:01 AM) - 11-16-2025 (12:01 AM)	RATE CATEGORY :	RatingEngine
POLICY ISSUED BY:	Cypress Property & Casualty Insurance Company		
PAYOR:	JOHN S LAMBRECHTS		

#### INSURED NAME & MAILING ADDRESS

JOHN S LAMBRECHTS & SANDRA K LAMBRECHTS  
60 7th St N,  
Naples, FL, 34102

#### AGENT CONTACT INFORMATION

STRONG TOWER RISK MGMT LLC  
5644 TAVILLA CIRCLE STE 103, Naples, FL, 34110

Phone : 239-254-6373

## 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	\$ 1,250	\$ 3,444
Contents	\$ 100,000	\$ 1,000	
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)	0.6
Method Used to Determine FFH	EC
Property Description	Slab on Grade (non-elevated), 1 Floors , Frame
Date of Construction	10-15-2015
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:	\$ 4,297
Contents Premium:	\$ 2,094
Increased Cost of Compliance (ICC) Premium:	\$ 75
Community Rating System Discount:	\$ (849.00)
<b>Full-Risk Premium:</b>	\$ 2,858
Statutory Discounts:	
Annual Increase Cap Discount:	\$ (2,759.00)
<b>Discounted Premium:</b>	\$ 2,858
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 514
HFIAA Surcharge:	\$ 25
Federal Policy Fee:	\$ 47
<b>Total Premium</b>	<b>\$ 3,444</b>

### ADDITIONAL INTERESTS

First Mortgagee  
U.S. BANK NATIONAL ASSOCIATION ITS SUCCESSORS AND/  
PO BOX 961045,  
Fort Worth, TX, 76161  
Loan # : 2201349254

Additional Insured  
SANDRA K LAMBRECHTS ,  
60 7th St N,  
Naples, FL, 34102

Date Mailed: 11-05-2024

If there have been any mortgagee changes, please make sure your profile reflects the changes.  
For questions about your flood insurance rating, contact your agent or insurance company.  
To learn more about your flood risk, please visit [FloodSmart.gov](https://FloodSmart.gov)

