

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB Control No. 1660-0008
Expiration Date: 06/30/2026

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: Kelly Dorgan	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 930 Channel Vista	Company NAIC Number: _____
City: Port Aransas	State: TX ZIP Code: 78373
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: Lot 10 & 11 Block 2, Channel vista -PA	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential	
A5. Latitude/Longitude: Lat. 27.834510° Long. -97.073029° Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: 1A	
A8. For a building with a crawlspace or enclosure(s):	
a) Square footage of crawlspace or enclosure(s): 0.00	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: 0.00	sq. in.
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions):	0.00 sq. ft.
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions):	0.00 sq. ft.
A9. For a building with an attached garage:	
a) Square footage of attached garage: 350.00	sq. ft.
b) Is there at least one permanent flood opening on two different sides of the attached garage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: 0 Engineered flood openings: 0	
d) Total net open area of non-engineered flood openings in A9.c: 0.00	sq. in.
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions):	0.00 sq. ft.
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions):	0.00 sq. ft.

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: City of Port Aransas	B1.b. NFIP Community Identification Number: 485498		
B2. County Name: Nueces	B3. State: TX	B4. Map/Panel No.: 48355C 0380	B5. Suffix: G
B6. FIRM Index Date: 10/13/2022	B7. FIRM Panel Effective/Revised Date: 10/13/2022		
B8. Flood Zone(s): AE	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 7.9		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 930 Channel Vista City: <u>Port Aransas</u> State: <u>TX</u> ZIP Code: <u>78373</u>	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: AllTerra VRS Network 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>9.00</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions): | <u>18.10</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | <u>0.00</u> | <input type="checkbox"/> feet <input checked="" type="checkbox"/> meters |
| d) Attached garage (top of slab): | <u>8.80</u> | <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): | <u>12.50</u> | <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 | <u>8.70</u> | <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 | <u>8.90</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>8.80</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: Ronald E Brister License Number: RPLS 5407

Title: President

Company Name: Brister Surveying Inc.

Address: 5506 Cain Dr

City: Corpus Christi State: TX ZIP Code: 78411

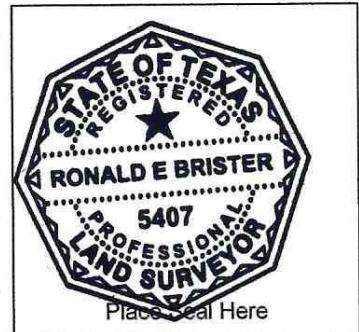
City: Corpus Christi State: TX ZIP Code: 78411

Signature: Ronald E Brister Date: 10/14/2024

Telephone: (361) 850-1800 Ext.: Email: bristersurveying@corpus.twcbc.com

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):



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 930 Channel Vista	FOR INSURANCE COMPANY USE
City: Port Aransas State: TX ZIP Code: 78373	Policy Number: _____ Company NAIC Number: _____

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is: _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: _____ feet meters above or below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown The local official must certify this information in Section G.

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

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge*

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 930 Channel Vista	FOR INSURANCE COMPANY USE
City: Port Aransas State: TX ZIP Code: 78373	
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 PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 930 Channel Vista	FOR INSURANCE COMPANY USE
City: Port Aransas	Policy Number: _____
State: TX ZIP Code: 78373	Company NAIC Number: _____

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

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

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

a) For Building Diagrams 1A, 1B, 3, and 5–9. Top of bottom floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is: _____ 0.30 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: Ronald E Brister

Address: 5506 Cain Dr

City: Corpus Christi State: TX ZIP Code: 78411

Signature:  Date: 10/14/2024

Telephone: (361) 850-1800 Ext.: Email: bristersurveying@corpus.twcbc.com

Comments:

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

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 930 Channel Vista		FOR INSURANCE COMPANY USE	
City: Port Aransas		State: TX	ZIP Code: 78373
		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 Two

Photo Two Caption:

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

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 930 Channel Vista		FOR INSURANCE COMPANY USE	
City: Port Aransas		State: TX	ZIP Code: 78373
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:		<input type="button" value="Clear Photo Three"/>	
Photo Four			
Photo Four Caption:		<input type="button" value="Clear Photo Four"/>	



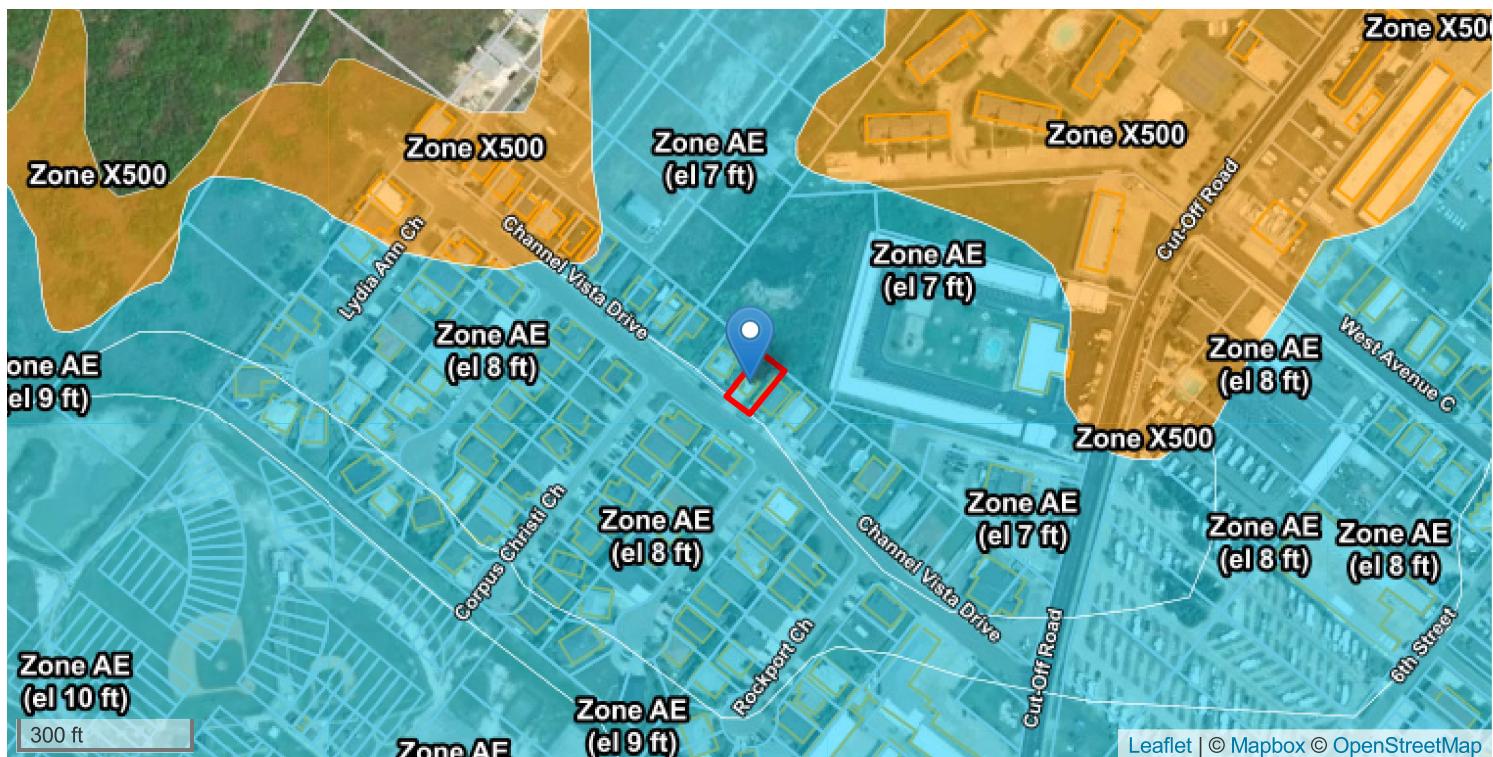






FloodRisk Standard

Provided Location	930 CHANNEL VISTA DR, PORT ARANSAS, TX 78373		
Standardized Location	930 CHANNEL VISTA DR, PORT ARANSAS, TX 78373-4209		
Latitude, Longitude	27.834408, -97.072882	Parcel ID	153400020100
FIPS / MSA / Tract	48355 / 18580 / 51.03	Community No.	485498
Community Name	PORT ARANSAS, CITY OF		
County Name	NUECES		



Flood Zone	Zone AE	Next Nearest Zone (Dist.)	X500 (356 ft)
BFE	7 Feet NAVD88 (7.39 ft NGVD29)	USGS Ground Elev	9 ft NAVD88
FEMA Map	48355C0380G, 10/13/2022	Previous Map	4854980003F, 09/30/1992, Zone AE
NFIP Status	PARTICIPATING	NFIP Program	REGULAR
LOMA or LOMR	NO	CBRS / OPA	NO
Claims* \$ / #	\$140,499,793 / 3226	NFIP PIF*	5641
Flood Source	1565 ft	Salt Water	1926 ft
NFIP Discount N/A			
Fresh Water 3616 ft			

*Aggregated by NFIP community.



STANDARD FLOOD INSURANCE APPLICATION

PO Box 2057, Kalispell, MT, 59903

Texas Farmers Insurance

Company

<https://www.farmers.com/>

(888) 391-2810

Date	Application Number	Effective Date	Expiration Date	Waiting Period
10-24-2024	FLD1660094688	10-24-2024	10-24-2025	Loan Transaction - No Wait
Insured Name(s) KELLY DORGAN	Mailing Address & Phone 930 Channel Vista Dr, Port Aransas, TX, 78373 Home Phone: Work Phone: Cell Phone: (510)418-1373 Email: kelly.dorgan@gmail.com	Property Address 930 CHANNEL VISTA DR, Port Aransas, TX, 78373 Property Address Type: Location	Agency Name, Address & Phone 5656 S STAPLES ST STE 200, Corpus Christi, TX, 78411 Email: swaterman@farmersagent.com Phone Number: 3619069400 Agent Name: Stephanie Waterman	

Applicant Type:INDIVIDUAL

Prior Company NAIC:

Prior Policy Number:

Prior Company Name:

Renewal Billing:

Other Policy Number:

Potential Duplicate Policy:

1st Mortgagor:

Rally Credit Union ISAOA

PO Box 961292,

Fort Worth, Tarrant County , TX, 76161

Phone Number:

Fax Number:

Loan Number:01522333754

Required under

Mandatory

Purchase:

Current Community Information

Community Name:

Community Number:485498

Map Panel:0380

Map Panel Suffix:G

Current Flood Zone:AE

Current Base Flood Elevation(BFE):7

FIRM Date:06-25-1971

Program:FLOODREGULAR

Program Status:

County:Nueces County

Current Map Date:10-13-2022

Rating Map Date:

Prior Community Information

Community Number:

Map Panel:

Map Panel Suffix:

Flood Zone:

FIRM Date:06-25-1971

Has This Property Been Remapped?:

Map Revision Date:

Construction Date

Date of Original Construction:01-01-1997

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)?:YES

Prior Owner Policy Number:

Prior Owner Company Name:

Did the applicant have a prior NFIP policy for the building that lapsed?:

Was the policy receiving a PRE-FIRM or Newly Mapped discount?:

Mapped discount when it lapsed?:

Did the Policy lapse for a valid reason?:

Occupancy Information

Occupancy Type:Single Family

Building Description:

Is this the Applicant's Primary Residence:

YES

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

Is the insured a nonprofit entity?:NO

Date:

APC PRV 07 21





STANDARD FLOOD INSURANCE APPLICATION

PO Box 2057, Kalispell, MT, 59903

Texas Farmers Insurance

Company

<https://www.farmers.com/>

(888) 391-2810

Date	Application Number	Effective Date	Expiration Date	Waiting Period
10-24-2024	FLD1660094688	10-24-2024	10-24-2025	Loan Transaction - No Wait

Building Information

Building Located In CBRS/OPA: NO

CBRS/OPA Designation Date:

If the building is in the buffer zone, did USFWS issue an official determination showing the building outside the system unit or OPA?:

Is the building use consistent with the protected area purpose?:

Prior NFIP Claims:

Building Severe Repetitive Loss (SRL)

Property:

Property on NFIP SRL list, Document(s) provided indicating non-SRL:

Coverage Req'd for Disaster Assistance:

Building Located Over Water: Not over Water

Building in Course of Construction: NO

Building Construction Type: Frame

Construction Type Description:

Estimated Building Replacement Cost: 426000

Replacement Cost Value Returned by FEMA: 273683

Total sq. footage of building: 1988

Total # of floors in building: 3

Total # of units in building: 1

What floor is the unit located on?:

Number of Detached Structures: 0

Building Located on Federal Land:

Is the policy force-placed by the lender?:

Foundation Information

Foundation: Slab on Grade (non-elevated)

Enclosure/Crawlspace Size:

Number of Elevators:

Mobilehome/Travel Trailer Information

On Permanent Foundation:

Anchored By:

Serial Number:

Venting Information (excluding V-Zones)

Enclosure/Crawlspace Has Valid Flood Openings:

Number of Openings:

Area of Permanent Openings (Sq. In.):

Has Engineered Openings:

Building Machinery, Equipment and Appliances

Does the building contain appliances?:

Are all appliances elevated above the first floor?:

Does the building contain machinery and equipment servicing the building?:

Is all machinery and equipment servicing the building, located inside or outside the building, elevated above the first floor?: NO

Elevation Certificate Information

Elevation Certificate Section Used: C

Elevation Certificate Date: 10-14-2024

Diagram Number: 1A

Top of Bottom Floor: 9

Top of Next Higher Floor: 18.1

Lowest Adjacent Grade (LAG): 8.7

Floodproofing Certificate:

Flood Proofing Elevation:

Lowest (Rating) Floor Elevation:

Elevation Certificate First Floor Height: 0.3

FEMA First Floor Height: 1.1

First Floor Height Method Used: TOOL

Premium Calculations

RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	AMOUNT DUE
Building	250,000.00	2,000.00	Building Premium: \$ 757.00	
Content	100,000.00	2,000.00	Content Premium: \$ 482.00	
			Increased Cost of Compliance (ICC) Premium: \$ 24.00	
			Mitigation Discount: \$ 0.00	
			Community Rating System Reduction: \$ 0.00	
			Full Risk Premium: \$ 1,263.00	
			Annual Increase Cap Discount: \$ 0.00	
			Newly Mapped Discount: \$ 0.00	
			Pre-Firm Discount: \$ 0.00	
			Discounted Premium: \$ 1,263.00	
			Reserve Fund Assessment: \$ 227.00	
			HFIAA Surcharge: \$ 25.00	
			Federal Policy Fee: \$ 47.00	
			Probation Surcharge: \$ 0.00	
			Total Quoted Premium	\$ 1,562.00

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

Date:

APC PRV 07 21





Flood Insurance Payment Confirmation Receipt

Quote Number: TMP241007171424

Policy Number: FLD1660094688

Insured Name: KELLY DORGAN

Property Address: 930 CHANNEL VISTA DR, Port Aransas, TX, 78373

Transaction Date: 10/28/2024

Remittance ID: 27IQG3IV

Premium Paid: \$1562

[ZIP Code™ by Address](/zip-code-lookup.htm?byaddress) (/zip-code-lookup.htm?byaddress)

[ZIP Code™ by City and State](/zip-code-lookup.htm?bycitystate) (/zip-code-lookup.htm?bycitystate)

[Cities by ZIP Code™](/zip-code-lookup.htm?citybyzipcode) (/zip-code-lookup.htm?citybyzipcode)

[FAQs](#)

(https://www.usps.com/faqs.htm)

Look Up a ZIP Code™

FAQs

ZIP Code™ by Address

You entered:

930 CHANNEL VISTA
PORT ARANSAS TX
78373

If more than one address matches the information provided, try narrowing your search by entering a street address and, if applicable, a unit number. **Edit and search again.** ([zip-code-lookup.htm?byaddress](/zip-code-lookup.htm?byaddress))

930 CHANNEL VISTA DR
PORT ARANSAS TX **78373-4209**

[Look Up Another ZIP Code™](#)

[Edit and Search Again \(/zip-code-lookup.htm?byaddress\)](#)



Texas Farmers Insurance Company
PO Box 2057 Kalispell MT 59903 USA

Texas Farmers Insurance Company
<https://www.farmers.com/>
(888) 391-2810
NAIC# : 21660

PROPERTY ADDRESS #: 930 CHANNEL VISTA DR, Port Aransas, TX, 78373

POLICY FORM:

POLICY #: FLD1660094688

POLICY DECLARATIONS TYPE:

NFIP POLICY #: 1660094688

Dwelling Policy

POLICY TERM: 10-24-2024 (At time of loan closing) - 10-24-2025 (12:01 AM)

RATE CATEGORY :

POLICY ISSUED BY: Texas Farmers Insurance Company

New Policy Declarations

PAYOR: KELLY DORGAN

RatingEngine

INSURED NAME & MAILING ADDRESS

KELLY DORGAN & MICHAEL PRUETT
930 Channel Vista Dr,
Port Aransas, TX, 78373

AGENT CONTACT INFORMATION

Stephanie Waterman
5656 S STAPLES ST STE 200, Corpus Christi, TX, 78411
Phone : 3619069400

FLOOD INSURANCE POLICY DECLARATIONS

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

Policy Coverages & Endorsements

COVERAGE	DEDUCTIBLE
Building	\$ 2,000
Contents	\$ 2,000

\$ 1,562

Total Annual Payment

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

Includes Premium, Discounts, Fees, and Surcharges

Property Information

Primary Residence	YES
Building Occupancy	Single Family
Building Description	Main House/Building
First Floor Height (FFH)	1.1
Method Used to Determine FFH	FEMA Determined
Property Description	Slab on Grade (non-elevated), 3 Floors , Frame
Date of Construction	01-01-1997
Prior NFIP Claims	1 Claim(s)

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

Premium Calculations

COMPONENTS OF THE TOTAL	PREMIUM
Building Premium:	\$ 757
Contents Premium:	\$ 482
Increased Cost of Compliance (ICC) Premium:	\$ 24
Community Rating System Discount:	\$ 0
Full-Risk Premium:	\$ 1,263
Discounted Premium:	\$ 1,263
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 227
HFIAA Surcharge:	\$ 25
Federal Policy Fee:	\$ 47
Total Premium	\$ 1,562

ADDITIONAL INTERESTS

First Mortgagee
Rally Credit Union ISAOA,
PO Box 961292,
Fort Worth, TX, 76161
Loan # : 01522333754

Additional Insured
MICHAEL PRUETT ,
930 Channel Vista Dr,
Port Aransas, TX, 78373

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: 10-29-2024

