

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: Michael Odom		Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 643 Longhorn Trail		Company NAIC Number: _____
City: Angleton		State: Tx
		ZIP Code: 77515
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: Lot 438 Block 3 Bar X Sec 2 S/D		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential		
A5. Latitude/Longitude: Lat. 29.130578 Long. -95.543489 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): NA sq. ft.		
b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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: to be determined 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: Brazoria County		B1.b. NFIP Community Identification Number: 485467
B2. County Name: Brazoria	B3. State: Tx	B4. Map/Panel No.: 48039C0420
B5. Suffix: K		
B6. FIRM Index Date: 12/30/2020	B7. FIRM Panel Effective/Revised Date: 12/30/2020	
B8. Flood Zone(s): AE	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 28	
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 <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.:
643 Longhorn Trail

City: Angleton State: Tx ZIP Code: 77515

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: M1220

Vertical Datum: 1973

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): 31* ☒ feet ☐ meters

b) Top of the next higher floor (see Instructions): na ☐ feet ☐ meters

c) Bottom of the lowest horizontal structural member (see Instructions): na ☐ feet ☐ meters

d) Attached garage (top of slab): t.b.d. ☒ feet ☐ 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): t.b.d. ☒ feet ☐ meters

f) Lowest Adjacent Grade (LAG) next to building: ☒ Natural ☐ Finished 29.78 ☒ feet ☐ meters

g) Highest Adjacent Grade (HAG) next to building: ☒ Natural ☐ Finished 30.25 ☒ feet ☐ meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: na ☒ feet ☐ 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: S.S. Aguirre License Number: Tx 2552

Title: Registered Professional Land Surveyor

Company Name: S.S. Aguirre R.P.L.S., P.E.

Address: 64 Mistletoe Ct

City: Lake Jackson State: Tx ZIP Code: 77566

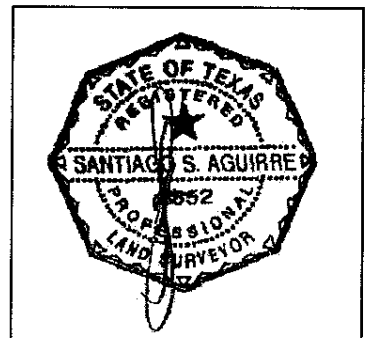
Date: 08-31-2024

Telephone: 979-415-4239 Ext.: _____ Email: saguirre@lakejacksontx.gov

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):
TBM- Top of Telephone pedestal at front right lot corner Elev -31.94

Consult with County flood plain administrator required minimum finished floor elevation a*30.00'. House next door @ 713 Longhorn TR finished floor elevation - 31.5'



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.: _____	FOR INSURANCE COMPANY USE
City: _____ State: _____ ZIP Code: _____	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: _____

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.: _____	FOR INSURANCE COMPANY USE
City: _____ State: _____ ZIP Code: _____	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: _____

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.:	FOR INSURANCE COMPANY USE
City: _____ State: _____ ZIP Code: _____	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 5–9. Top of bottom _____ ☐ feet ☐ meters ☐ above the LAG
floor (include above-grade floors only for buildings with
subgrade 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: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments: _____



STANDARD FLOOD INSURANCE APPLICATION

Texas Farmers Insurance
Company

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

PO Box 2057, Kalispell, MT, 59903

(888) 391-2810

Date	Application Number	Effective Date	Expiration Date	Waiting Period
10-31-2024	FLD1660096216	10-31-2024	10-31-2025	Loan Transaction - No Wait

Insured Name(s)	Mailing Address & Phone	Property Address	Agency Name, Address & Phone
MICHAEL P ODOM	101 WEST RD, Bar X, Lake Jackson, TX, 77566 Home Phone: Work Phone: Cell Phone: (979)417-1054 Email: mpodomdesigns@gmail.com	643 LONGHORN TRAIL, Bar X, Angleton, TX, 77515 Property Address Type: Location	PO BOX 67, Clute, TX, 77531 Email: nmaddox@farmersagent.com Phone Number: 9792652878 Agent Name: Nicole Maddox

Applicant Type:INDIVIDUAL

Prior Company NAIC:

Prior Policy Number:

Prior Company Name:

Renewal Billing:

Other Policy Number:

Potential Duplicate Policy:

1st Mortgagee

First National Bank of Lake Jackson

PO Box 3100,

Lake Jackson, Brazoria County , TX, 77566

Phone Number:

Fax Number:

Loan Number:000

Required under

Mandatory

Purchase:

Current Community Information

Community Name:

Community Number:485458

Map Panel:48039C

Map Panel Suffix:0585K

Current Flood Zone:AE

Current Base Flood Elevation(BFE):27.4

FIRM Date:05-08-1971

Program:FLOODREGULAR

Program Status:

County:Brazoria County

Current Map Date:12-30-2020

Rating Map Date:

Prior Community Information

Community Number:

Map Panel:

Map Panel Suffix:

Flood Zone:

FIRM Date:05-08-1971

Has This Property Been Remapped?:

Map Revision Date:

Construction Date

Date of Original Construction:11-01-2024

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: 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

Texas Farmers Insurance
Company

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

PO Box 2057, Kalispell, MT, 59903

(888) 391-2810

Date	Application Number	Effective Date	Expiration Date	Waiting Period
10-31-2024	FLD1660096216	10-31-2024	10-31-2025	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: YES Building Construction Type: Frame Construction Type Description: Estimated Building Replacement Cost: 315000 Replacement Cost Value Returned by FEMA: 275708 Total sq. footage of building: 1972 Total # of floors in building: 1 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:08-31-2024 Diagram Number:1A Top of Bottom Floor:31 Top of Next Higher Floor: Lowest Adjacent Grade (LAG):29.7		Floodproofing Certificate: Flood Proofing Elevation: Lowest (Rating) Floor Elevation: Elevation Certificate First Floor Height: 1.3 FEMA First Floor Height: 0.25 First Floor Height Method Used: FEMA_ASSUMPTION		

Premium Calculations

RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	AMOUNT DUE
Building	250,000.00	2,000.00	Building Premium:	\$ 701.00
Content	0.00	0.00	Content Premium:	\$ 0.00
			Increased Cost of Compliance (ICC) Premium:	\$ 13.00
			Mitigation Discount:	\$ 0.00
			Community Rating System Reduction:	\$ 0.00
			Full Risk Premium:	\$ 714.00
			Annual Increase Cap Discount:	\$ 0.00
			Newly Mapped Discount:	\$ 0.00
			Pre-Firm Discount:	\$ 0.00
			Discounted Premium:	\$ 714.00
			Reserve Fund Assessment:	\$ 129.00
			HFIAA Surcharge:	\$ 250.00
			Federal Policy Fee:	\$ 47.00
			Probation Surcharge:	\$ 0.00
			Total Quoted Premium	\$ 1,140.00

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

Date:

APC PRV 07 21



FloodRisk Standard

Provided Location	643 LONGHORN TRAIL, ANGLETON, TX 77515		
Standardized Location	643 LONGHORN TRL, ANGLETON, TX 77515		
Latitude, Longitude	29.12158, -95.544623	Parcel ID	184021
FIPS / MSA / Tract	48039 / 26420 / 6625	Community No.	485458
Community Name	BRAZORIA COUNTY *		
County Name	UNINCORPORATED AREAS		



Flood Zone	Zone AE		Next Nearest Zone (Dist.)	X500 (15067 ft)	
BFE	27.4 Feet NAVD88 (27.44 ft NGVD29)		USGS Ground Elev	31 ft NAVD88	
FEMA Map	48039C0585K, 12/30/2020		Previous Map	48039C0585H, 06/05/1989, Zone AE	
NFIP Status	PARTICIPATING	NFIP Program	REGULAR	First FIRM	05/08/1971
LOMA or LOMR	NO	CBRS / OPA	NO	EC On-File	NO
Claims* \$ / #	\$336,387,405 / 9932	NFIP PIF*	11664	NFIP Discount	N/A
Flood Source	1279 ft	Salt Water	>6 miles	Fresh Water	60 ft

*Aggregated by NFIP community.

Copyright Xactus. All Rights Reserved. This is not a guaranteed flood hazard determination, it is not a substitute for an elevation certificate, and it cannot be used to acquire a Letter of Map Amendment. Go to massivecert.com for certified products, building elevation and construction data, and flood risk scores. If you have questions about this report, call us toll-free at 844-4EZ-CERT, or email us at customersupport@xactus.com.



Flood Insurance Payment Confirmation Receipt

Quote Number: TMP241030625251

Policy Number: FLD1660096216

Insured Name: MICHAEL P ODOM

Property Address: 643 LONGHORN TRAIL, Bar X, Angleton, TX, 77515

Transaction Date: 10/31/2024

Remittance ID: 27IUGDM1

Premium Paid: \$1140



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 #:	643 LONGHORN TRAIL, Bar X, Angleton, TX, 77515	POLICY FORM:	Dwelling Policy
POLICY #:	FLD1660096216	POLICY DECLARATIONS TYPE:	New Policy Declarations
NFIP POLICY #:	1660096216		
POLICY TERM:	10-31-2024 (At time of loan closing) - 10-31-2025 (12:01 AM)	RATE CATEGORY :	RatingEngine
POLICY ISSUED BY:	Texas Farmers Insurance Company		
PAYOR:	MICHAEL P ODOM		

INSURED NAME & MAILING ADDRESS

MICHAEL P ODOM
101 WEST RD, Bar X,
Lake Jackson, TX, 77566

AGENT CONTACT INFORMATION

Nicole Maddox
PO BOX 67, Clute, TX, 77531

Phone : 9792652878

FLOOD INSURANCE POLICY DECLARATIONS

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

Policy Coverages & Endorsements

	COVERAGE	DEDUCTIBLE	
Building	\$ 250,000	\$ 2,000	\$ 1,140
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	NO
Building Occupancy	Single Family
Building Description	Main House/Building
First Floor Height (FFH)	0.25
Method Used to Determine FFH	FEMA Determined
Property Description	Slab on Grade (non-elevated), 1 Floors , Frame
Date of Construction	11-01-2024
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:	\$ 701
Contents Premium:	\$ 0
Increased Cost of Compliance (ICC) Premium:	\$ 13
Community Rating System Discount:	\$ 0
Full-Risk Premium:	\$ 714
Discounted Premium:	\$ 714
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 129
HFIAA Surcharge:	\$ 250
Federal Policy Fee:	\$ 47
Total Premium	\$ 1,140

ADDITIONAL INTERESTS

First Mortgagee
First National Bank of Lake Jackson,
PO Box 3100,
Lake Jackson, TX, 77566
Loan # : 000

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://www.floodsmart.gov)

Date Mailed: 11-01-2024

