

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008  
Expiration Date: July 31, 2015

## SECTION A – PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

A1. Building Owner's Name DONALD R. ODEN

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
133 SW SUSAN LANE

State OR ZIP Code 97526

City GRANTS PASS

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
MAP: 36-06-24-A, TAX LOT: 402

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. \_\_\_\_\_ Long. \_\_\_\_\_ Horizontal Datum:  NAD 1927  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 9

A8. For a building with a crawlspace or enclosure(s):

- a) Square footage of crawlspace or enclosure(s) 1732 sq ft
- b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 11
- c) Total net area of flood openings in A8.b 770 sq in
- d) Engineered flood openings?  Yes  No

A9. For a building with an attached garage:

- a) Square footage of attached garage N/A sq ft
- b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0
- c) Total net area of flood openings in A9.b 0 sq in
- d) Engineered flood openings?  Yes  No

## SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number CITY OF GRANTS PASS / 410108	B2. County Name JOSEPHINE	B3. State OREGON			
B4. Map/Panel Number 41033C / 0511	B5. Suffix E	B6. FIRM Index Date 12.03.2009	B7. FIRM Panel Effective/Revised Date 12.03.2009	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 911.3

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

FIS Profile  FIRM  Community Determined  Other/Source: \_\_\_\_\_

B11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  
Designation Date: \_\_\_\_\_

## 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: RM 31 Vertical Datum: NGVD 1929 (SEE COMMENTS)

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>910.9</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	<u>912.8</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>N/A</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>911.5</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>911.2</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>911.5</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>911.5</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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No  
 Check here if attachments.

Certifier's Name MAX H. HULL

License Number R.L.S. 901

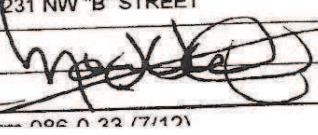
Title OWNER

Company Name MAX HULL SURVEYING

Address 231 NW "B" STREET

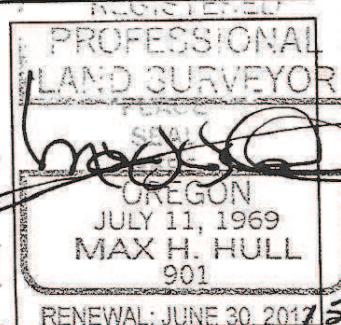
City GRANTS PASS

State OR ZIP Code 97526

Signature 

Date 10.09.2013

Telephone 541.476.2425



See reverse side for continuation.

Replaces all previous editions.

## ELEVATION CERTIFICATE, page 2

<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. 133 SW SUSAN LANE		Policy Number:
City GRANTS PASS	State OR	ZIP Code 97526
		Company NAIC Number:

### SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

#### Comments

C2. LOCAL ELEVATION +3.26 FEET = NAVD 1988 FIRM DATUM PER NGS VERTCON PROGRAM.

C2e: REPRESENTS HEAT PUMP PAD

Signature

Date 10.09.2013

### SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

Property Owner's or Owner's Authorized Representative's Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Comments

Check here if attachments.

### SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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G7. This permit has been issued for:  New Construction  Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

G10. Community's design flood elevation: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

Local Official's Name \_\_\_\_\_ Title \_\_\_\_\_

Community Name \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments

Check here if attachments.

## Building Photographs

See Instructions for Item A6.

**IMPORTANT: In these spaces, copy the corresponding information from Section A.**

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 133 SW SUSAN LANE	<b>FOR INSURANCE COMPANY USE</b>
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City GRANTS PASS	State OR ZIP Code 97526	Company NAIC Number:
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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.



Front of House



Back of House



## STANDARD FLOOD INSURANCE APPLICATION

Farmers Insurance Company of

Oregon

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

(888) 391-2810

PO Box 2057, Kalispell, MT, 59903

Date	Application Number	Effective Date	Expiration Date	Waiting Period
10-15-2024	FLD1660092110	11-15-2024	11-15-2025	Lender Required - 30 Day Wait
<b>Insured Name(s)</b> DONALD R ODEN	<b>Mailing Address &amp; Phone</b> 133 SW Susan Ln, Grants Pass, OR, 97526 <b>Home Phone:</b> <b>Work Phone:</b> <b>Cell Phone:</b> (541)659-4145 <b>Email:</b> donrpoden@gmail.com	<b>Property Address</b> 133 SW SUSAN LN, Grants Pass, OR, 97526 <b>Property Address Type:</b> Location	<b>Agency Name, Address &amp; Phone</b> 777 NE 7TH ST STE 110, Grants Pass, OR, 97526 <b>Email:</b> scrawford@farmersagent.com <b>Phone Number:</b> 5414741953 <b>Agent Name:</b> Sean Crawford	

Applicant Type:INDIVIDUAL

Prior Company NAIC:

Prior Policy Number:

Prior Company Name:

Renewal Billing:

Other Policy Number:

Potential Duplicate Policy:

1st Mortgagor

Rogue Credit Union

ISAOA ATIMA,

Fort Worth, Tarrant County , TX, 76124

Phone Number:

Fax Number:

Loan Number:5151641170

Required under

Mandatory

Purchase:

### Current Community Information

Community Name:

Community Number:410108

Map Panel:0511

Map Panel Suffix:E

Current Flood Zone:AE

Current Base Flood Elevation(BFE):911

FIRM Date:04-15-1981

Program:FLOODREGULAR

Program Status:

County:Josephine County

Current Map Date:12-03-2009

Rating Map Date:

### Prior Community Information

Community Number:

Map Panel:

Map Panel Suffix:

Flood Zone:

FIRM Date:04-15-1981

Has This Property Been Remapped?:

Map Revision Date:

### 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?:

Construction Date

Date of Original Construction:12-31-1964

Building Substantially Improved:NO

Post-FIRM Construction:NO

Substantial Improvement Date:

Building is on list of Historic Buildings:

### 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

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Oregon

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

PO Box 2057, Kalispell, MT, 59903

(888) 391-2810

Date	Application Number	Effective Date	Expiration Date	Waiting Period
10-15-2024	FLD1660092110	11-15-2024	11-15-2025	Lender Required - 30 Day Wait

**Building Information**

Building Located In CBRS/OPA:NO

**CBRS/OPA Designation Date:**

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

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

**Prior NFIP Claims:**

Building Severe Repetitive Loss (SRL)

**Property:**

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

Coverage Req'd for Disaster Assistance:

Building Located Over Water:Not over Water

Building in Course of Construction:NO

Building Construction Type:Other

Construction Type Description:

Estimated Building Replacement Cost:231000

Replacement Cost Value Returned by FEMA:340730

Total sq. footage of building:1732

Total # of floors in building:1

Total # of units in building:1

What floor is the unit located on?:

Number of Detached Structures:

Building Located on Federal Land:

Is the policy force-placed by the lender?:

**Foundation Information**

Foundation:Crawlspace (includes subgrade)

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:10-09-2013

Diagram Number:9

Top of Bottom Floor:910.9

Top of Next Higher Floor:912

Lowest Adjacent Grade (LAG):911.2

Floodproofing Certificate:

Flood Proofing Elevation:

Lowest (Rating) Floor Elevation:

Elevation Certificate First Floor Height:0.7

FEMA First Floor Height:0.7

First Floor Height Method Used:EC

**Premium Calculations**

RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	AMOUNT DUE
Building	231,000.00	2,000.00	Building Premium:	\$ 581.00
Content	0.00	0.00	Content Premium:	\$ 0.00
			Increased Cost of Compliance (ICC) Premium:	\$ 11.00
			Mitigation Discount:	\$ 0.00
			Community Rating System Reduction:	<b>\$ (40.00)</b>
			Full Risk Premium:	\$ 552.00
			Annual Increase Cap Discount:	\$ 0.00
			Pre-Firm Discount:	\$ 0.00
			Discounted Premium:	\$ 552.00
			Reserve Fund Assessment:	\$ 99.00
			HFIAA Surcharge:	\$ 25.00
			Federal Policy Fee:	\$ 47.00
			Probation Surcharge:	\$ 0.00
			<b>Total Quoted Premium</b>	<b>\$ 723.00</b>

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

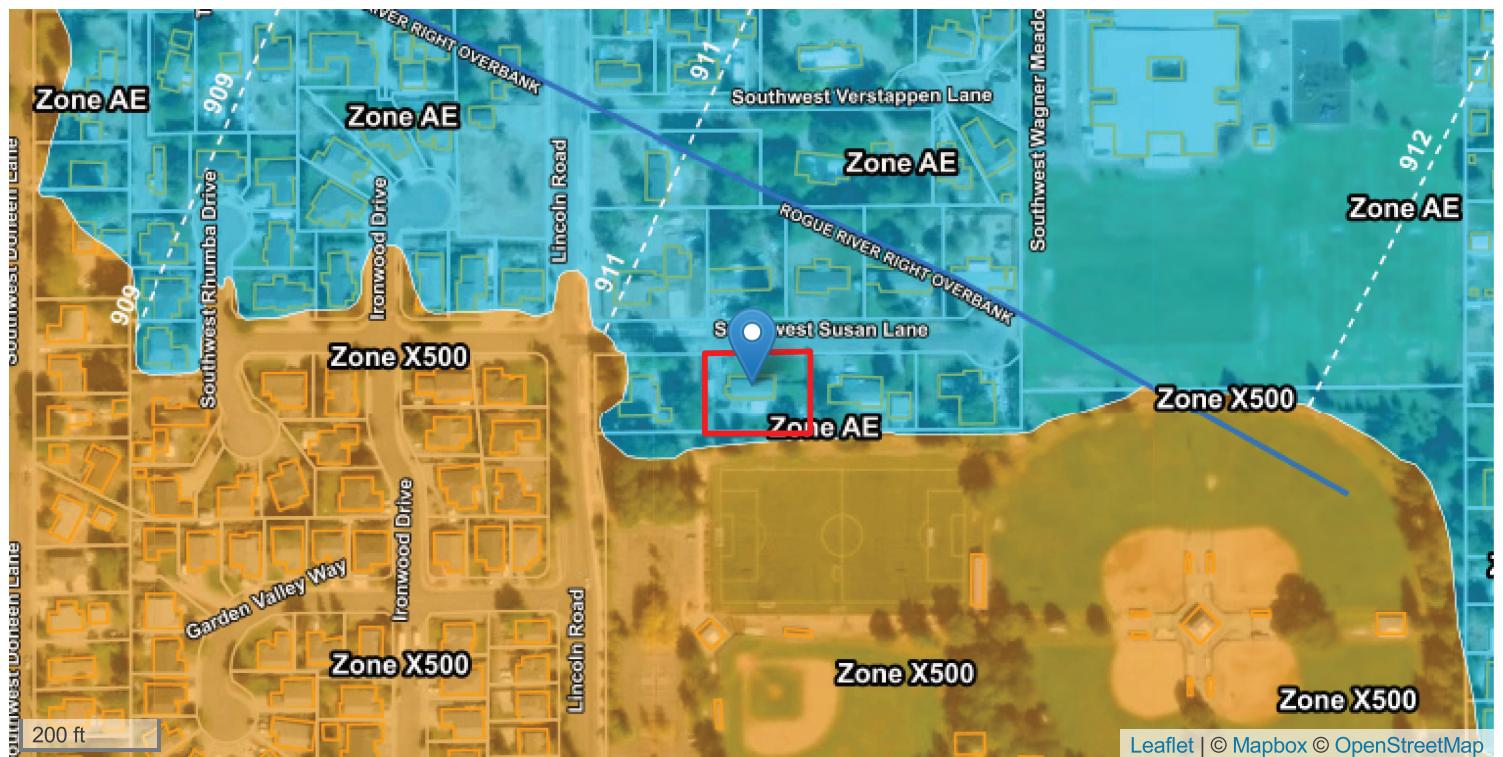
Date:

APC PRV 07 21



## FloodRisk Standard

Provided Location	133 SW SUSAN LN, GRANTS PASS, OR 97526		
Standardized Location	133 SW SUSAN LN, GRANTS PASS, OR 97526-5933		
Latitude, Longitude	42.431678, -123.351207	Parcel ID	1736.00S06.00W24A0--000000402
FIPS / MSA / Tract	41033 / 24420 / 3607.03	Community No.	410108
Community Name	GRANTS PASS, CITY OF		
County Name	JOSEPHINE		



Flood Zone	Zone AE	Next Nearest Zone (Dist.)	X500 (85 ft)
BFE	911 Feet NAVD88 (907.75 ft NGVD29)	USGS Ground Elev	911 ft NAVD88
FEMA Map	41033C0511E, 12/03/2009	Previous Map	NOT AVAILABLE
NFIP Status	PARTICIPATING	NFIP Program	REGULAR
LOMA or LOMR	NO	CBRS / OPA	NO
Claims* \$ / #	\$102,447 / 21	NFIP PIF*	216
Flood Source	272 ft	Salt Water	>6 miles
NFIP Discount 10%			
Fresh Water 1306 ft			

\*Aggregated by NFIP community.











Farmers Insurance Company of Oregon  
PO Box 2057 Kalispell MT 59903 USA

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

**PROPERTY ADDRESS #:** 133 SW SUSAN LN, Grants Pass, OR, 97526  
**POLICY #:** FLD1660092110  
**NFIP POLICY #:** 1660092110  
**POLICY TERM:** 11-15-2024 (12:01 AM) - 11-15-2025 (12:01 AM)  
**POLICY ISSUED BY:** Farmers Insurance Company of Oregon  
**PAYOR:** DONALD R ODEN

**POLICY FORM:** Dwelling Policy  
**POLICY DECLARATIONS TYPE:** New Policy Declarations  
**RATE CATEGORY :** RatingEngine

#### INSURED NAME & MAILING ADDRESS

DONALD R ODEN  
133 SW Susan Ln,  
Grants Pass, OR, 97526

#### AGENT CONTACT INFORMATION

Sean Crawford  
777 NE 7TH ST STE 110, Grants Pass, OR, 97526  
Phone : 5414741953

## FLOOD INSURANCE POLICY DECLARATIONS

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

#### Policy Coverages & Endorsements

COVERAGE	DEDUCTIBLE	\$ 697
Building	\$ 231,000	\$ 2,000
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) 1.5  
Method Used to Determine FFH EC  
Property Description Crawlspace (includes subgrade), 1 Floors , Other  
Date of Construction 12-31-1964  
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:	\$ 556
Contents Premium:	\$ 0
Increased Cost of Compliance (ICC) Premium:	\$ 11
Community Rating System Discount:	\$ (37.00)
<b>Full-Risk Premium:</b>	\$ 530
<b>Discounted Premium:</b>	\$ 530
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 95
HFIAA Surcharge:	\$ 25
Federal Policy Fee:	\$ 47
<b>Total Premium</b>	<b>\$ 697</b>

#### ADDITIONAL INTERESTS

First Mortgagee  
Rogue Credit Union,  
ISAOA ATIMA,  
PO BOX 924572,  
Fort Worth, TX, 76124  
Loan # : 5151641170

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: 10-28-2024



ORIGIN ID:MFRA (541) 622-7255  
ATTENTION MORTGAGE SOUTH  
ROGUE CREDIT UNION  
1370 CENTER DRIVE

MEDFORD, OR 97501  
UNITED STATES US

SHIP DATE: 15OCT24  
ACTWGT: 0.50 LB  
CAD: 110586694/INET4535

BILL SENDER

TO **FARMERS INSURANCE CO OF OREGON**

**FLOOD PROCESSING CENTER  
555 CORPORATE DRIVE, SUITE 101  
KALISPELL MT 59901**

(888) 391-2810

REF:

INV:

PO:

DEPT:



**FedEx**  
Express



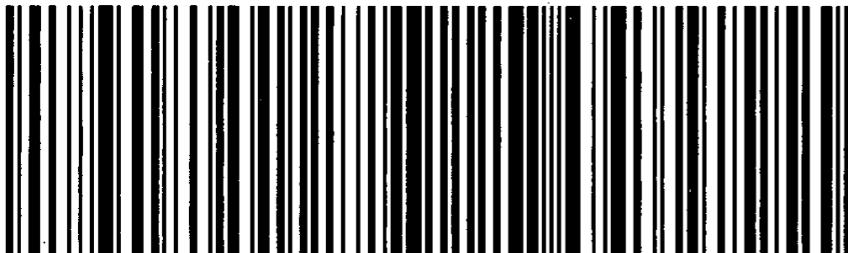
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**FRI - 18 OCT 5:00P  
EXPRESS SAVER**

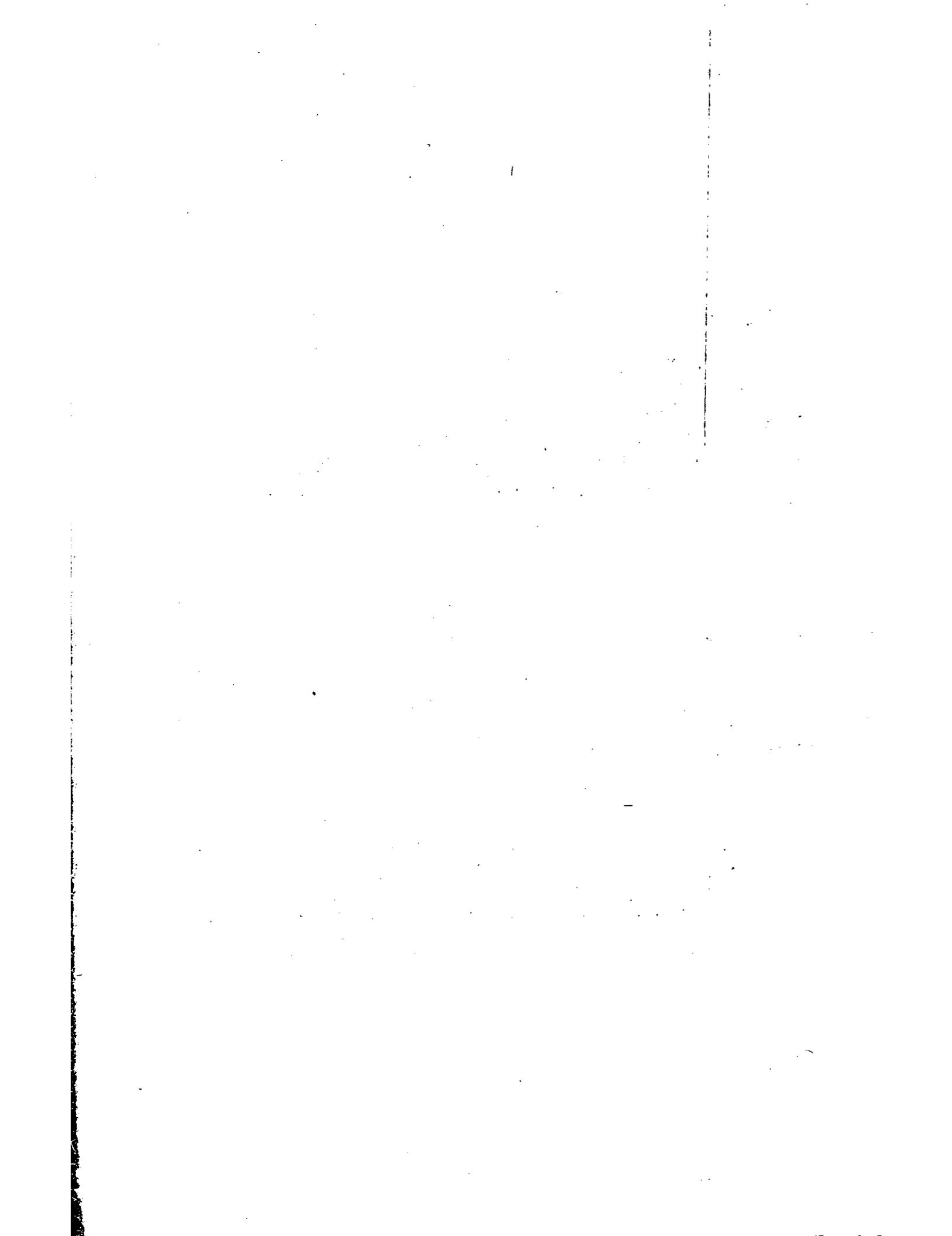
TRK#  
0201 **7792 8140 5120**

**SS KALIG**

**FCAA 59901  
MT-US GTF**



58CJ4/7DE3/C6C4





P.O. Box 4550 Medford, OR 97501

ESCROW CHECK

96-777  
3232

VOID/AFTER 180 DAYS

4387

DATE: October 15, 2024

PAY Four and 00/100\*\*\*\*\*

\$ 4.00

TO Farmers Ins Co of Oregon (Flood)  
THE FLOOD PROCESSING CTR  
PO BOX 2057  
KALISPELL MT 59903-2057  
OF ORDER

MEMO: FLD 1660092110 - Order

11004387103232747751600000124011

PLEASE ENDORSE HERE

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE

RESERVED FOR FINANCIAL INSTITUTION USE \*

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 THIS DOCUMENT INCLUDES THE FOLLOWING VALUGUARD SECURITY FEATURES; EXCEEDING FSA GUIDELINES:

- INVISIBLE FLUORESCENT FIBERS
- TWO SOLVENT STAINS
- BROWNSTAIN
- UV DULL
- ARTIFICIAL WATERMARK

ATTEMPTS TO COPY OR CHEMICALLY ALTER THIS DOCUMENT WILL ACTIVATE VALUGUARD SECURITY FEATURES.

THIS DOCUMENT MAY INCLUDE MP MICROPRINT SIGNATURE LINE.



P.O. Box 4550 Medford, OR 97501

ESCROW CHECK

96-7477  
3232

VOID AFTER 180 DAYS

4386

DATE: October 15, 2024

PAY Seven Hundred Nineteen and 00/100\*\*\*\*\*

\$ 719.00

TO  
THE  
ORDER  
OF  
Farmers Ins Co of Oregon (Flood)  
FLOOD PROCESSING CTR  
PO BOX 2057  
KALISPELL MT 59903-2057

MEMO: FLD 166009210 - Odem

1100438611 103232747751 600000124011

PLEASE ENDORSE HERE

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DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE

RESERVED FOR FINANCIAL INSTITUTION USE \*

ORIGINAL  
DOCUMENT

**[i]** THIS DOCUMENT INCLUDES THE FOLLOWING VALUGUARD SECURITY FEATURES: EXCEEDING FSA GUIDELINES:

- INVISIBLE FLUORESCENT FIBERS
- TWO SOLVENT STAINS
- BROWNSTAIN
- UV DULL
- ARTIFICIAL WATERMARK

ATTEMPTS TO COPY OR CHEMICALLY ALTER THIS DOCUMENT WILL ACTIVATE VALUGUARD SECURITY FEATURES.

THIS DOCUMENT MAY INCLUDE **M** MICROPRINT SIGNATURE LINE.



# STANDARD FLOOD INSURANCE APPLICATION

PO Box 2057, Kalispell, MT, 59903

Farmers Insurance Company of

Oregon

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

(888) 391-2810

Date	Application Number	Effective Date	Expiration Date	Waiting Period
10-15-2024	FLD1660092110	11-15-2024	11-15-2025	Lender Required - 30 Day Wait

Insured Name(s): DONALD R ODEN	Mailing Address & Phone 133 SW Susan Ln, Grants Pass, OR, 97526 Home Phone: Work Phone: Cell Phone:(541)659-4145 Email:donrpoden@gmail.com	Property Address/ 133 SW SUSAN LN, Grants Pass, OR, 97526 Property Address Type:Location	Agency Name, Address & Phone 777 NE 7TH ST STE 110, Grants Pass, OR, 97526 Email:scrawford@farmersagent.com Phone Number:5414741953 Agent Name:Sean Crawford
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Applicant Type:INDIVIDUAL	Other Policy Number:
Prior Company NAIC:	Potential Duplicate Policy:
Prior Policy Number:	
Prior Company Name:	
Renewal Billing:	

1st Mortgagee Rogue Credit Union ISAOA ATIMA, Fort Worth, Tarrant County , TX, 76124	Phone Number: Fax Number: Loan Number:5151641170 Required under Mandatory Purchase:
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Current Community Information Community Name: Community Number:410108 Map Panel:0511 Map Panel Suffix:E Current Flood Zone:AE Current Base Flood Elevation(BFE):911 FIRM Date:04-15-1981 Program:FLOODREGULAR Program Status: County:Josephine County Current Map Date:12-03-2009 Rating Map Date:	Prior Community Information Community Number: Map Panel: Map Panel Suffix: Flood Zone: FIRM Date:04-15-1981 Has This Property Been Remapped?: Map Revision Date:
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Construction Date Date of Original Construction:12-31-1964 Building Substantially Improved:NO Post-FIRM Construction:NO 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?:
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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
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Date:	
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# STANDARD FLOOD INSURANCE APPLICATION

PO Box 2057, Kalispell, MT, 59903

Farmers Insurance Company of

Oregon

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

(888) 391-2810

Date	Application Number	Effective Date	Expiration Date	Waiting Period
10-15-2024	FLD1660092110	11-15-2024	11-15-2025	Lender Required - 30 Day Wait

**Building Information**

Building Located In CBRS/OPA: NO

**CBRS/OPA Designation Date:**

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

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

Prior NFIP Claims:

Building Severe Repetitive Loss (SRL)

Property:

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

Coverage Req'd for Disaster Assistance:

**Foundation Information**

Foundation:Crawlspace (includes subgrade)

Enclosure/Crawlspace Size:

Number of Elevators:

Venting Information (excluding V-Zones)

Enclosure/Crawlspace Has Valid Flood Openings:

Number of Openings:

Building Machinery, Equipment and Appliances

Does the building contain appliances?:

Are all appliances elevated above the first floor?:

Building Located Over Water:Not over Water

Building in Course of Construction:NO

Building Construction Type:Other

Construction Type Description:

Estimated Building Replacement Cost:231000

Replacement Cost Value Returned by FEMA:340730

Total sq. footage of building:1732

Total # of floors in building:1

Total # of units in building:1

What floor is the unit located on?:1

Number of Detached Structures:1

Building Located on Federal Land:

Is the policy force-placed by the lender?:NO

\$723.00

**Mobilehome/Travel Trailer Information**

On Permanent Foundation:

Anchored By:

Serial Number:

Area of Permanent Openings (Sq. In.):

Has Engineered Openings:

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:10-09-2013

Diagram Number:9

Top of Bottom Floor:910.9

Top of Next Higher Floor:912

Lowest Adjacent Grade (LAG):911.2

**Floodproofing Certificate:**

Flood Proofing Elevation:

Lowest (Rating) Floor Elevation:

Elevation Certificate First Floor Height:0.7

FEMA First Floor Height:0.7

First Floor Height Method Used:EC

**Premium Calculations**

RISK RATING 2.0	COVERAGE	DEDUCTIBLE
Building	231,000.00	2,000.00
Content	0.00	0.00

COMPONENTS OF THE TOTAL	AMOUNT DUE
Building Premium:	\$ 581.00
Content Premium:	\$ 0.00
Increased Cost of Compliance (ICC) Premium:	\$ 11.00
Mitigation Discount:	\$ 0.00
Community Rating System Reduction:	\$ (40.00)
Full Risk Premium:	\$ 552.00
Annual Increase Cap Discount:	\$ 0.00
Pre-Firm Discount:	\$ 0.00
Discounted Premium:	\$ 552.00
Reserve Fund Assessment:	\$ 99.00
HFIAA Surcharge:	\$ 25.00
Federal Policy Fee:	\$ 47.00
Probation Surcharge:	\$ 0.00
<b>Total Quoted Premium</b>	<b>\$ 723.00</b>

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

Date:

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