

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:	HTS Job# 23-0171 CD	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 26618 BAY WATER DR		Company NAIC Number: _____
City: GALVESTON		State: TX ZIP Code: 77554
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: GCAD: 5912-2003-0037-000 BLOCK 3, LOT 37, POINTE WEST SECTION 4-B		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL		
A5. Latitude/Longitude: Lat. 29°06'06.6" Long. 95°06'24.3" 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: 6		
A8. For a building with a crawlspace or enclosure(s):		
a)	Square footage of crawlspace or enclosure(s): 0	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	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: NA	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: NA Engineered flood openings: NA	
d)	Total net open area of non-engineered flood openings in A9.c: NA	sq. in.
e)	Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): NA	sq. ft.
f)	Sum of A9.d and A9.e rated area (if applicable – see Instructions): NA	sq. ft.
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		
B1.a. NFIP Community Name: GALVESTON, CITY OF		B1.b. NFIP Community Identification Number: 485469
B2. County Name: GALVESTON		B3. State: TX B4. Map/Panel No.: 48167C0576 B5. Suffix: G
B6. FIRM Index Date: Aug 15, 2019		B7. FIRM Panel Effective/Revised Date: Aug 15, 2019
B8. Flood Zone(s): VE		B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 15'
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 checked="" type="checkbox"/> Yes <input 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.: 26618 BAY WATER DR	FOR INSURANCE COMPANY USE
City: GALVESTON	State: TX ZIP Code: 77554
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: HGCSD 62 (AW5708) 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): | 6.0 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions): | 20.0 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | 18.0 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | 20.0 | <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): | NA | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest Adjacent Grade (LAG) next to building: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Finished | 5.0 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest Adjacent Grade (HAG) next to building: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Finished | 5.8 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | 5.0 | <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: Stephen C. Blaskey License Number: 5856

Title: Registered Professional Land Surveyor

Company Name: High Tide Land Surveying, L.L.C.

Address: 8017 Harborside Dr.

City: Galveston State: TX ZIP Code: 77554

Signature:  Date: 04/17/2023

Telephone: 409-740-1517 Ext.: N/A Email: stephen@hightidesurveying.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):

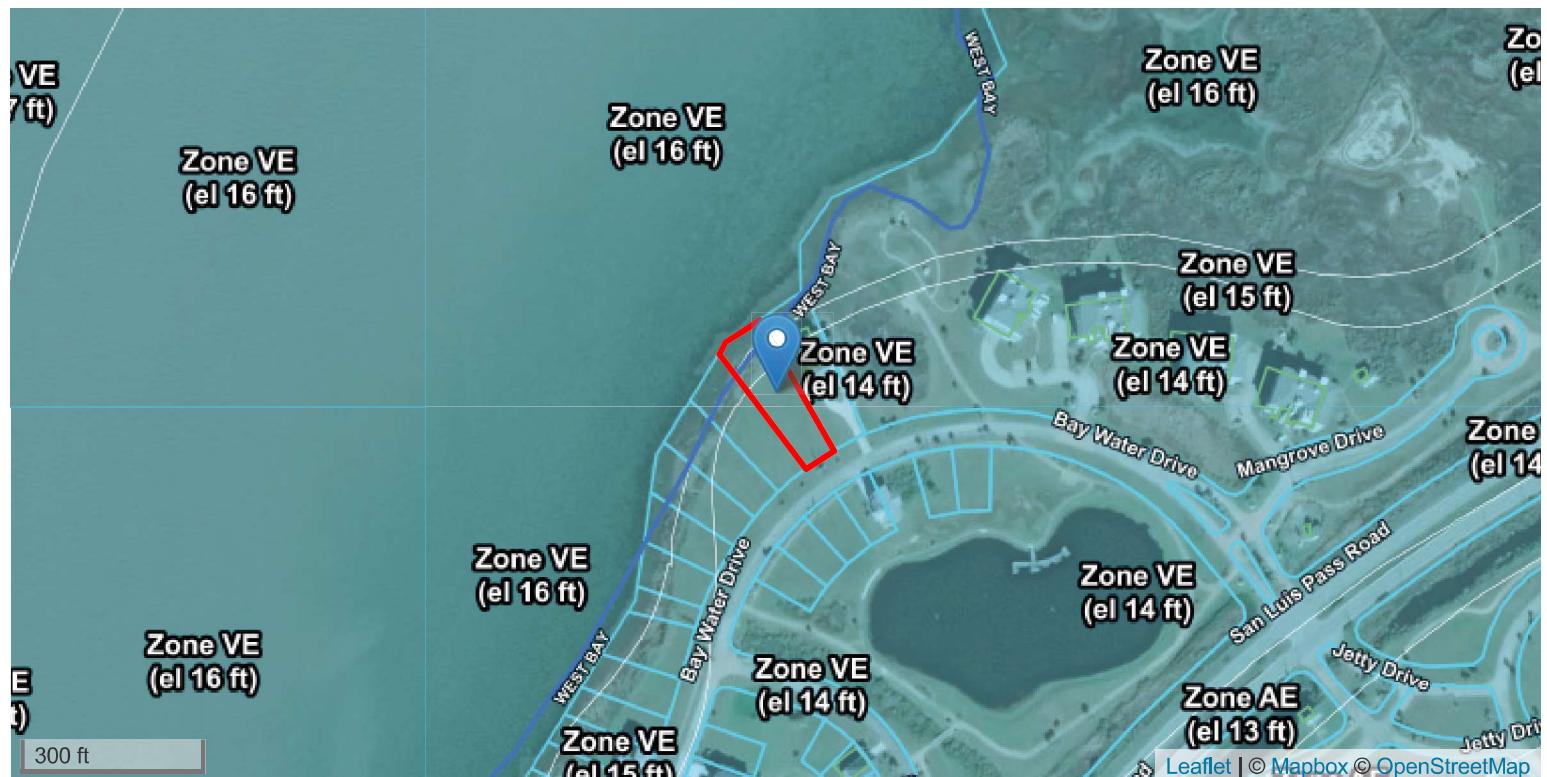
A5: LAT/LONG ESTABLISHED VIA RTK GPS AT SUBJECT TRACT.

THIS CERTIFICATE IS BASED ON CONSTRUCTION DRAWINGS.

THERE IS A TEMPORARY BENCHMARK BEING A RAILROAD SPIKE, NEAR THE CENTERLINE OF BAY WATER DR AT THE WESTERLY CORNER OF THE SUBJECT TRACT, HAVING AN ELEVATION OF 7.15 FEET.
PLEASE CHECK WITH LOCAL OFFICIALS FOR ADDITIONAL REQUIREMENTS.

FloodRisk Standard

Provided Location	26618 BAYWATER DR, GALVESTON, TX 77554		
Standardized Location	26618 BAY WATER DR, GALVESTON, TX 77554-1508		
Latitude, Longitude	29.101831, -95.106778	Parcel ID	6852485
FIPS / MSA / Tract	48167 / 26420 / 7261.02	Community No.	485469
Community Name	GALVESTON, CITY OF		
County Name	GALVESTON		



Flood Zone	Zone VE	Next Nearest Zone (Dist.)	X500 (932 ft)
BFE	14 Feet NAVD88 (13.99 ft NGVD29)	USGS Ground Elev	5 ft NAVD88
FEMA Map	48167C0576G, 08/15/2019	Previous Map	4854690081E, 12/06/2002, Zone VE
NFIP Status	PARTICIPATING	NFIP Program	REGULAR
LOMA or LOMR	NO	CBRS / OPA	NO
Claims* \$ / #	\$771,473,254 / 18291	NFIP PIF*	18424
Flood Source	73 ft	Salt Water	141 ft
		Fresh Water	958 ft

*Aggregated by NFIP community.



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 #: 26618 BAYWATER DR, Galveston, TX, 77554
POLICY #: FLD1660008487
NFIP POLICY #: 1660008487
POLICY TERM: 02-10-2024 (12:01 AM) - 02-10-2025 (12:01 AM)
POLICY ISSUED BY: Texas Farmers Insurance Company
PAYOR: JIM SITU

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

INSURED NAME & MAILING ADDRESS

JIM SITU
4707 NORSWORTHY DR,
Sugar Land, TX, 77479

AGENT CONTACT INFORMATION

ACOSTA INSURANCE AGENCY LLC
ACOSTA INSURANCE AGENCY LLC
2743 SMITH RNCH RD UNIT 201, Pearland, TX, 77584
Phone : 7139844611

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	\$ 10,000	\$ 2,596
Contents	\$ 0	\$ 0	Total Annual Payment

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

Includes Premium, Discounts, Fees, and Surcharges

Property Information

Primary Residence	NO
Building Occupancy	Single Family
Building Description	Main House/Building
First Floor Height (FFH)	15
Method Used to Determine FFH	EC
Property Description	Elevated with enclosure on piers, posts & piles, 3 Floors , Frame
Date of Construction	01-17-2024
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:	\$ 2,433
Contents Premium:	\$ 0
Increased Cost of Compliance (ICC) Premium:	\$ 46
Mitigation Discounts:	\$ (93.00)
Community Rating System Discount:	\$ (438.00)
Full-Risk Premium:	\$ 1,948
Discounted Premium:	\$ 1,948
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 351
HFIAA Surcharge:	\$ 250
Federal Policy Fee:	\$ 47
Total Premium	\$ 2,596

ADDITIONAL INTERESTS

Date Mailed: 01-22-2024

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





STANDARD FLOOD INSURANCE APPLICATION

PO Box 2057 Kalispell MT 59903 USA

Texas Farmers Insurance

Company

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

(888) 391-2810

Date 01-11-2024	Application Number FLD1660008487	Effective Date 02-10-2024	Expiration Date 02-10-2025	Waiting Period Standard - 30 Day Wait
Insured Name(s) JIM SITU	Mailing Address & Phone 4707 NORSWORTHY DR,Sugar Land,TX,77479	Property Address 26618 BAYWATER DR, 77554, Galveston, TX	Agency Name, Address & Phone 2743 SMITH RNCH RD UNIT 201,Pearland,TX,77584	
Home Phone: Work Phone: Cell Phone:(713)822-3894 Email:jim@jks-tx.com	Property Address Type:Location	Email:jacosta2@farmersagent.com Phone Number:7139844611 Agent Name:ACOSTA INSURANCE AGENCY LLC		
<p>Applicant Type:INDIVIDUAL Prior Company NAIC: Prior Policy Number: Prior Company Name: Renewal Billing:</p> <p>Other Policy Number: Potential Duplicate Policy:</p>				
<p>Current Community Information Community Name: Community Number:485469 Map Panel:48167C0576 Map Panel Suffix:G Current Flood Zone:VE Current Base Flood Elevation(BFE):15 FIRM Date:08-15-2019 Program:FLOODREGULAR Program Status: County: Current Map Date:08-15-2019 Rating Map Date:</p> <p>Prior Community Information Community Number: Map Panel: Map Panel Suffix: Flood Zone: FIRM Date:08-15-2019 Has This Property Been Remapped?: Map Revision Date:</p>				
<p>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?:</p>				

Construction Date Date of Original Construction:01-17-2024	Building Substantially Improved:NO	Post-FIRM Construction:YES	Substantial Improvement Date: Building is on list of Historic Buildings:	Is the insured a small business with less than 100 employees?: NO
Occupancy Information Occupancy Type:Single Family	Building Description:	Is this the Applicant's Primary Residence: NO	Is the insured a nonprofit entity?:NO	

Date:

APC PRV 07 21





STANDARD FLOOD INSURANCE QUOTE

PO Box 2057 Kalispell MT 59903 USA

Texas Farmers Insurance

Company

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

(888) 391-2810

Date	Application Number	Effective Date	Expiration Date	Waiting Period
01-11-2024	FLD1660008487	02-10-2024	02-10-2025	Standard - 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: Frame

Construction Type Description:

Estimated Building Replacement Cost: 900000

Replacement Cost Value Returned by FEMA: 674250

Total sq. footage of building: 4018

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: Elevated with enclosure on piers, posts & piles

Mobilehome/Travel Trailer Information

On Permanent Foundation:

Enclosure/Crawlspace Size:

Anchored By:

Number of Elevators:

Serial Number:

Venting Information (excluding V-Zones)

Enclosure/Crawlspace Has Valid Flood Openings:

Area of Permanent Openings (Sq. In.):

Number of Openings:

Has Engineered Openings:

Building Machinery, Equipment and Appliances

Does the building contain appliances?:

Does the building contain machinery and

Are all appliances elevated above the first floor?:

equipment servicing the building?:

Is all machinery and equipment servicing

the building, located inside or outside the building, elevated above the first floor?: YES

Elevation Certificate Information

Elevation Certificate Section Used: C

Floodproofing Certificate:

Elevation Certificate Date: 04-17-2023

Flood Proofing Elevation:

Diagram Number: 6

Lowest (Rating) Floor Elevation:

Top of Bottom Floor: 6

Elevation Certificate First Flood Height: 15

Top of Next Higher Floor: 20

FEMA First Floor Height: 15

Lowest Adjacent Grade (LAG): 5

First Floor Height Method Used: EC

Premium Calculations

RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	AMOUNT DUE
Building	250,000.00	10,000.00	Building Premium:	\$ 2,433.00
Content	0.00	0.00	Content Premium:	\$ 0.00
			Increased Cost of Compliance (ICC) Premium:	\$ 46.00
			Mitigation Discount:	\$ (93.00)
			Community Rating System Reduction:	\$ (438.00)
			Full Risk Premium:	\$ 1,948.00
			Annual Increase Cap Discount:	\$ 0.00
			Pre-Firm Discount:	\$ 0.00
			Discounted Premium:	\$ 1,948.00
			Reserve Fund Assessment:	\$ 351.00
			HFIAA Surcharge:	\$ 250.00
			Federal Policy Fee:	\$ 47.00
			Probation Surcharge:	\$ 0.00
			Total Quoted Premium	\$ 2,596.00

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

Date:

APC PRV 07 21



FLD1660008487 / JIM SITU

Quote Source: AGENT

26618 BAYWATER DR, Galveston, Galveston County, TX,
77554 - 15084707 NORSWORTHY DR, Sugar Land, Fort Bend County,
TX, 77479

jim@jks-tx.com

(713)822-3894

Renew indicator : **BATCH RENEWAL**Agent Tasks : File
complete

Term Start Date :	02/10/2024	Term End Date :	02/10/2025	Transaction Type :	New Busi Business
Transaction Eff. Dt. : Last Updated By :	02/10/2024 MARCUS DUNCAN	Waiting Period: Applicant Date :	Standard - 30 Day Wait 01/11/2024	last Updated Date :	01-22-20
Claims	0	Loss Run		Risk Rating	2.0
Total Premium Change :	\$2,596.00	Bill To :	POLHOLDER	Serv Rep : U/writer :	
Total Premium :	\$2,596.00			Product Name :	Flood Prc

Coverage

Property Info

Additional info

Billing

Account View	Receivable View	Invoicing	Subledger		Unposted
Policy Transaction					
ACCOUNTING DT.	TRANS TYPE	TRANS REF	CHECK NO	CERTIFIED DATE	DEBIT
01/11/2024	PAYMENT	F2166000006735		01/11/2024	\$0.00
01/22/2024	INVOICE	INV00787376			\$2,596.00
				CREDIT	BALANCE
				\$(2,596.00)	\$(2,596.00)
				SYS	01,
					01,

Forms

Tickets

Commission

Log Documents Agent Customer
Portal Portal

Term Selection: (1138778)

02-10-2024/02-10-2025

Transaction Selection: (1540352)

ENDORSE - ISSUED

Last transaction

**Endorsement by MARCUS
DUNCAN**
Transaction date: 01-23-2024
Transaction Eff. Dt. 2024-02-
10

Note

(01-23-2024) Chatted and assisted Tran on adding additional insureds.

Agency Info

08811-05985-000 ACOSTA
INSURANCE AGENCY LLC
ACOSTA INSURANCE

```
<div pseudo="-webkit-input-placeholder" id="placeholder" style="color: rgb(115, 129, 143); opacity: 1; display: block !important;"><br class="Apple-interchange-newline">Type note here</div>
<div>
```

0/500

Make hidden? : [Save Note](#)[Reset](#)

Date	Description	Inserted By	Mark Hidden
01-23-2024 9:51:19 AM	Add name	James Acosta	<input type="checkbox"/>
01-22-2024 9:44:11 AM	Aprvd NB effective 2/10/2024, 30 day wait from Premium Submission date of 1/11/2024. Premium received within 9 days of Application Submission date of 1/11/24. Removed EC from rating as EC completed based on Construction Drawings and the app was submitted as finished Construction. Not Primary Residence.	MARCUS DUNCAN	<input type="checkbox"/>
01-22-2024 9:42:20 AM	Agent task : File complete. UW Note: Completed	MARCUS DUNCAN	<input type="checkbox"/>
01-11-2024 4:34:48 PM	The application submitted states the structure is not currently under construction, so we need an EC and photos based on Finished Construction.	MARCUS DUNCAN	<input type="checkbox"/>
01-11-2024 4:34:00 PM	Agent task : Needs elevation cert. UW Note: Please submit the elevation certificate that was completed based on finished construction and current dated photos that	MARCUS DUNCAN	<input type="checkbox"/>

10 25 30 50