

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: <u>Holiday Builders, Inc.</u>	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>4102 N.W. 26th Street</u>	Company NAIC Number: _____
City: <u>Cape Coral</u> State: <u>Florida</u> ZIP Code: <u>33993</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Lots 35-37, Block 5179, Unit 83, Cape Coral Subdivision, Plat Book 23, Pages 41-54, Lee County.</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>	
A5. Latitude/Longitude: Lat. <u>26°42'02.6"N</u> Long. <u>82°03'26.1"W</u> 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: <u>1B</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): <u>N/A</u> sq. ft. b) 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: <u>N/A</u> Engineered flood openings: <u>N/A</u> d) Total net open area of non-engineered flood openings in A8.c: <u>N/A</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>N/A</u> sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: <u>498</u> 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: <u>0</u> Engineered flood openings: <u>0</u> d) Total net open area of non-engineered flood openings in A9.c: <u>0</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>0</u> sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>0</u> sq. ft.	
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
B1.a. NFIP Community Name: <u>Cape Coral</u>	B1.b. NFIP Community Identification Number: <u>125095</u>
B2. County Name: <u>Lee</u>	B3. State: <u>Florida</u> B4. Map/Panel No.: <u>12071 C 0233</u> B5. Suffix: <u>G</u>
B6. FIRM Index Date: <u>11-17-2022</u>	B7. FIRM Panel Effective/Revised Date: <u>11-17-2022</u>
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>8'</u>
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: <u>N/A</u> <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	

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## 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: CC BM# 329-26-01

Vertical Datum: NGVD'29

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):

8.9

☒ feet ☐ meters

b) Top of the next higher floor (see Instructions):

N/A

☒ feet ☐ meters

c) Bottom of the lowest horizontal structural member (see Instructions):

N/A

☒ feet ☐ meters

d) Attached garage (top of slab):

8.4

☒ 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):

8.9

☒ feet ☐ meters

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

7.5

☒ feet ☐ meters

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

8.3

☒ feet ☐ meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:

N/A

☒ 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: Donald D. Stouten

License Number: LS 3839

Title: Professional Surveyor & Mapper

Company Name: Ardurra Group, Inc.

Address: 324 Nicholas Parkway West

City: Cape Coral

State: Florida

ZIP Code: 33991

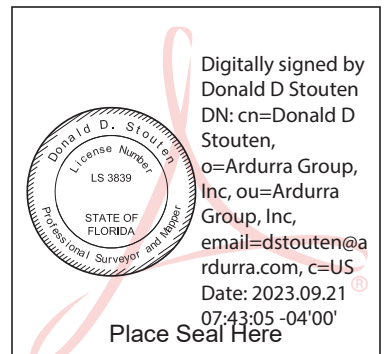
Signature: Donald D Stouten

Date: 09-19-2023

Telephone: (239) 673-9541

Ext.: \_\_\_\_\_

Email: dstouten@ardurra.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):

\*\*See Attachment for Section D Comments.

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## 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

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City: Cape Coral

State: Florida

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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):

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City: Cape Coral State: Florida ZIP Code: 33993

## FOR INSURANCE COMPANY USE

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: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

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.:  
4102 N.W. 26th Street

City: Cape Coral State: Florida ZIP Code: 33993

**FOR INSURANCE COMPANY USE**

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: "Front View" (2023-09-19)

Clear Photo One



Photo Two

Photo Two Caption: "Front Right" (2023-09-19)

Clear Photo Two



**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.:  
4102 N.W. 26th Street

City: Cape Coral State: Florida ZIP Code: 33993

**FOR INSURANCE COMPANY USE**

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:

"Rear Right" (2023-09-19)

Clear Photo Three



Photo Four

Photo Four Caption:

"Rear Left" (2023-09-19)

Clear Photo Four



324 Nicholas Pkwy. W, Suite A, Cape Coral, FL 33991

Phone: (239) 673-9541

Fax: (239) 424-8181

[www.ardurra.com](http://www.ardurra.com)

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Jeffrey D. Stouten, P.S.M.

David K. Cramer, P.S.M.

Don Stouten, P.S.M.

John Harris, P.S.M.

### Section D – Continued

Latitude and longitude were obtained from GeoView ESRI/ArcGIS web mapping tool on Lee County Property Appraiser's Website. Orthorectified aerial photos acquisition date (October 2022).

C2 - Utilized CORPSCON Conversion Factor of (-1.18') to Convert BM to NAVD'88.

C2(a) - Finished Floor.

C2(e) – Air Conditioner.

\*\*Last Date of Field Work: 09-19-23\*\*

"2022-0003-00:0207:005"

\*\*See FEMA Memorandum [W-22020] regarding the expiration date of this form.

\*\*This structure was permitted using Flood Insurance Rate Maps 12071 C 0235 F, Effective date of August 28, 2008, Base Flood elevation of 7 feet in zone AE.

*Donald D Stouten*  
Donald D. Stouten, P.S.M.

LS 3839





PROPERTY ADDRESS #:	4102 NW 26TH ST, Cape Coral, FL, 33993	POLICY FORM:	Dwelling Policy
POLICY #:	FLD5715006753	POLICY DECLARATIONS TYPE:	New Policy Declarations
NFIP POLICY #:	5715006753		
POLICY TERM:	02-27-2024 (At time of loan closing) - 02-27-2025 (12:01 AM)	RATE CATEGORY :	RatingEngine
POLICY ISSUED BY:	MONARCH NATIONAL INSURANCE COMPANY		
PAYOR:	STEVE WENGER		

INSURED NAME & MAILING ADDRESS

STEVE WENGER  
12441 SW FIRST COURT,  
Fort Lauderdale, FL, 33325

AGENT CONTACT INFORMATION

SHARZANNE ENTERPRISES  
584 NW UNIVERSITY BLVD STE 706, DBA JAGUAR INSURANCE,  
Port Saint Lucie, FL, 34986  
Phone : 7727818076

## 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	\$ 3,551
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)	1
Method Used to Determine FFH	EC
Property Description	Slab on Grade (non-elevated), 1 Floors , Masonry
Date of Construction	12-31-2022
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:	\$ 3,545
Contents Premium:	\$ 0
Increased Cost of Compliance (ICC) Premium:	\$ 67
Community Rating System Discount:	\$ (854.00)
<b>Full-Risk Premium:</b>	\$ 2,758
<b>Discounted Premium:</b>	\$ 2,758
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 496
HFIAA Surcharge:	\$ 250
Federal Policy Fee:	\$ 47
<b>Total Premium</b>	<b>\$ 3,551</b>

### ADDITIONAL INTERESTS

First Mortgagee  
Preferred Mortgage Bankers LLC ISAOA ATIMA,  
209 Northeast 95th Street,  
Miami Shores, Miami-Dade County, FL, 33138  
Loan # : 24020101





# STANDARD FLOOD INSURANCE APPLICATION

MONARCH NATIONAL  
INSURANCE COMPANY

<https://monarchnational.com/>

PO Box 2057 Kalispell MT 59901 USA

(800) 219-3102

Date	Application Number	Effective Date	Expiration Date	Waiting Period
02-27-2024	FLD5715006753	02-27-2024	02-27-2025	Loan Transaction - No Wait

Insured Name(s)	Mailing Address & Phone	Property Address	Agency Name, Address & Phone
STEVE WENGER	12441 SW FIRST COURT, Fort Lauderdale, FL, 33325 Home Phone: Work Phone: Cell Phone: (786) 399-5469 Email: none@gmail.com	4102 NW 26TH ST, 33993, Cape Coral, FL Property Address Type: Location	584 NW UNIVERSITY BLVD STE 706, Port Saint Lucie, FL, 34986 Email: SAM@JAGUARAGENCY.COM Phone Number: 772 781 8076 Agent Name: SHARZANNE ENTERPRISES

Applicant Type: INDIVIDUAL

Prior Company NAIC:

Prior Policy Number:

Prior Company Name:

Renewal Billing:

Other Policy Number:

Potential Duplicate Policy:

## 1st Mortgagee

Preferred Mortgage Bankers LLC ISAOA ATIMA  
209 Northeast 95th Street,  
Miami Shores, Miami-Dade County, FL, 33138

Phone Number:

Fax Number:

Loan Number: 24020101

Required under

Mandatory

Purchase:

## Current Community Information

Community Name:

Community Number: 125095

Map Panel: 0233

Map Panel Suffix: G

Current Flood Zone: AE

Current Base Flood Elevation (BFE): 5

FIRM Date: 08-17-1981

Program: FLOODREGULAR

Program Status:

County:

Current Map Date: 11-17-2022

Rating Map Date:

## Prior Community Information

Community Number:

Map Panel:

Map Panel Suffix:

Flood Zone:

FIRM Date: 08-17-1981

Has This Property Been Remapped?:

Map Revision Date:

## Construction Date

Date of Original Construction: 12-31-2022

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?: NO

Is the insured a nonprofit entity?: NO

Date:

APC PRV 07 21





# STANDARD FLOOD INSURANCE QUOTE

PO Box 2057 Kalispell MT 59901 USA

MONARCH NATIONAL  
INSURANCE COMPANY  
<https://monarchnational.com/>  
(800) 219-3102

Date	Application Number	Effective Date	Expiration Date	Waiting Period
02-27-2024	FLD5715006753	02-27-2024	02-27-2025	Loan Transaction - No Wait
<b>Building Information</b>		<b>Building Located Over Water:</b> Not over Water		
Building Located In CBRS/OPA:NO		<b>Building in Course of Construction:</b> NO		
CBRS/OPA Designation Date:		<b>Building Construction Type:</b> Masonry		
If the building is in the buffer zone, did USFWS issue an official determination showing the building outside the system unit or OPA?:		<b>Construction Type Description:</b>		
Is the building use consistent with the protected area purpose?:		<b>Estimated Building Replacement Cost:</b> 450000		
Prior NFIP Claims:		<b>Replacement Cost Value Returned by FEMA:</b> 356092		
Building Severe Repetitive Loss (SRL)		<b>Total sq. footage of building:</b> 2381		
Property:		<b>Total # of floors in building:</b> 1		
Property on NFIP SRL list, Document(s) provided indicating non-SRL:		<b>Total # of units in building:</b> 1		
Coverage Req'd for Disaster Assistance:		<b>What floor is the unit located on?:</b>		
		<b>Number of Detached Structures:</b> 0		
		<b>Building Located on Federal Land:</b>		
		<b>Is the policy force-placed by the lender?:</b>		
<b>Foundation Information</b>		<b>Mobilehome/Travel Trailer Information</b>		
Foundation:Slab on Grade (non-elevated)		<b>On Permanent Foundation:</b>		
Enclosure/Crawlspace Size:		<b>Anchored By:</b>		
Number of Elevators:		<b>Serial Number:</b>		
<b>Venting Information (excluding V-Zones)</b>		<b>Area of Permanent Openings (Sq. In.):</b>		
Enclosure/Crawlspace Has Valid Flood Openings:		<b>Has Engineered Openings:</b>		
Number of Openings:				
<b>Building Machinery, Equipment and Appliances</b>		<b>Does the building contain machinery and equipment servicing the building?:</b>		
Does the building contain appliances?:		<b>Is all machinery and equipment servicing the building, located inside or outside the building, elevated above the first floor?:</b> NO		
Are all appliances elevated above the first floor?:				

<b>Elevation Certificate Information</b>	<b>Floodproofing Certificate:</b>
Elevation Certificate Section Used:C	<b>Flood Proofing Elevation:</b>
Elevation Certificate Date:09-19-2023	<b>Lowest (Rating) Floor Elevation:</b>
Diagram Number:1B	<b>Elevation Certificate First Flood Height:</b> 1
Top of Bottom Floor:9	<b>FEMA First Floor Height:</b> 1
Top of Next Higher Floor:	<b>First Floor Height Method Used:</b> EC
Lowest Adjacent Grade (LAG):8	

## Premium Calculations

RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	AMOUNT DUE
Building	250,000.00	5,000.00	Building Premium:	\$ 3,586.00
Content	0.00	0.00	Content Premium:	\$ 0.00
			Increased Cost of Compliance (ICC) Premium:	\$ 68.00
			Mitigation Discount:	\$ 0.00
			Community Rating System Reduction:	\$ (864.00)
			Full Risk Premium:	\$ 2,790.00
			Annual Increase Cap Discount:	\$ 0.00
			Pre-Firm Discount:	\$ 0.00
			Discounted Premium:	\$ 2,790.00
			Reserve Fund Assessment:	\$ 502.00
			HFIAA Surcharge:	\$ 250.00
			Federal Policy Fee:	\$ 47.00
			Probation Surcharge:	\$ 0.00
			<b>Total Quoted Premium</b>	<b>\$ 3,589.00</b>

Signature of Insurance Agent/Producer	Date	Signature of Policy Holder (Optional)	Date
---------------------------------------	------	---------------------------------------	------

Date:

APC PRV 07 21



FLD5715006753 / STEVE WENGER

Quote Source: AGENT

4102 NW 26TH ST, Cape Coral, Lee County, FL, 33993 - 0000

none@gmail.com

(786)399-5469

12441 SW FIRST COURT, Fort Lauderdale, Broward County, FL, 33325

Renew indicator : BATCH RENEWAL

Agent Tasks : Needs Photos

Term Start Date :	02/27/2024	Term End Date :	02/27/2025	Transaction Type :	New Business-Agent Business
Transaction Eff. Dt. :	02/27/2024	Waiting Period:	Loan Transaction - No Wait	last Updated Date :	03-04-2024
Last Updated By :	RAYMOND GATUS	Applicant Date :	02/27/2024		

Claims	0	Loss Run	Risk Rating	2.0
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Total Premium Change :	\$3,551.00	Bill To :	POLHOLDER	Serv Rep :	
Total Premium :	\$3,551.00			U/writer :	
				Product Name :	Flood Program

Coverage	+
Property Info	+
Additional info	+
Billing	-

Account View   Receivable View   Invoicing   Subledger

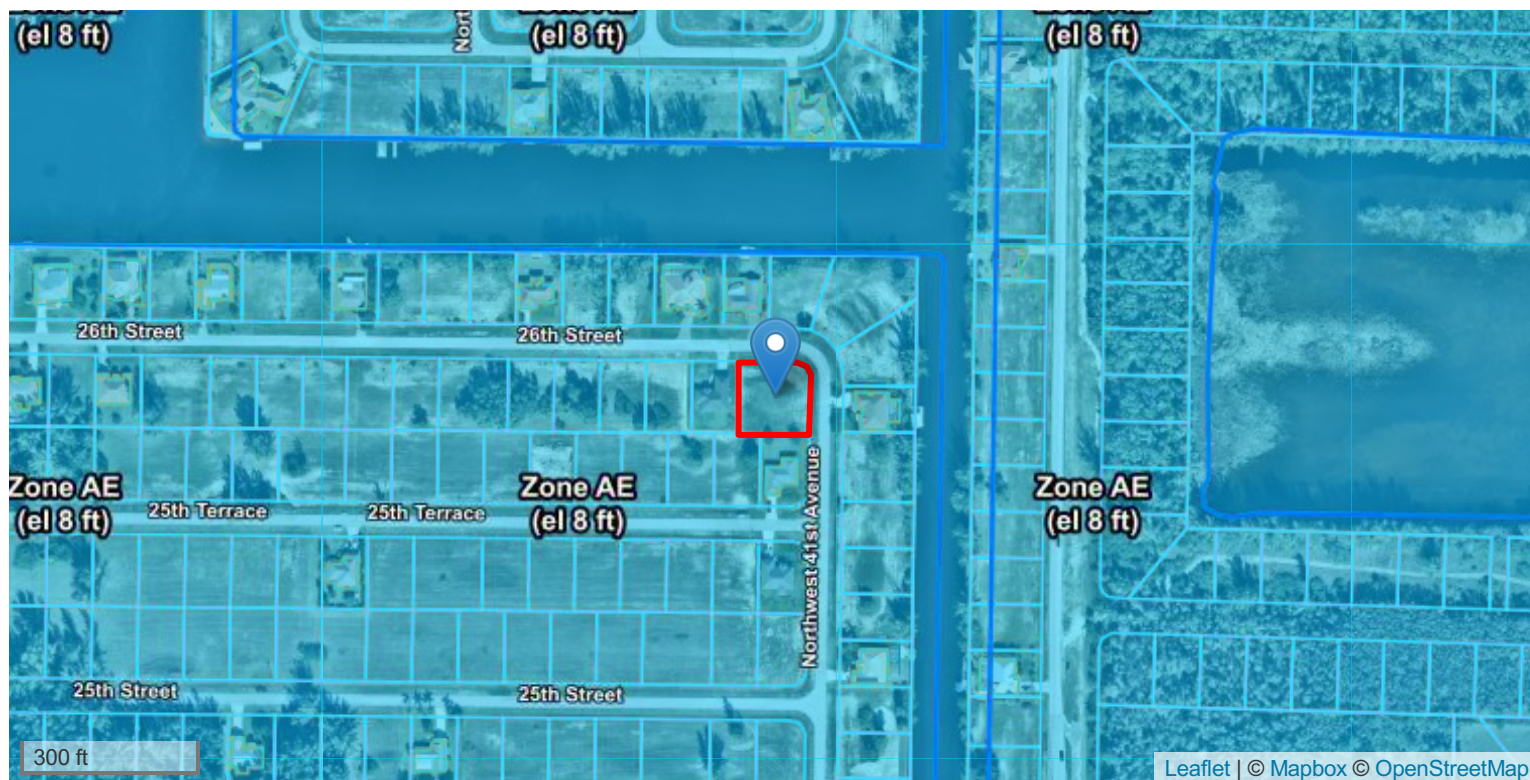
Unposted

Policy Transaction

ACCOUNTING DT.	TRANS TYPE	TRANS REF	CHECK NO	CERTIFIED DATE	DEBIT	CREDIT	BALANCE	SYSTEM DT
02/28/2024	PAYMENT	M1571500018594		02/28/2024	\$0.00	\$(3,589.00)	\$(3,589.00)	02/28/2024
03/04/2024	INVOICE	INV00188902			\$3,551.00	\$0.00	\$(38.00)	03/04/2024
03/08/2024	REFUND	INV00188902	800136565		\$38.00	\$0.00	\$0.00	03/08/2024

# FloodRisk Standard

Provided Location	4102 NW 26TH ST, CAPE CORAL, FL 33993		
Standardized Location	4102 NW 26TH ST, CAPE CORAL, FL 33993-3465		
Latitude, Longitude	26.700719, -82.057222	Parcel ID	254322C3051790350
FIPS / MSA / Tract	12071 / 15980 / 101.10	Community No.	125095
Community Name	CAPE CORAL, CITY OF		
County Name	LEE		



<b>Flood Zone</b>	Zone AE		<b>Next Nearest Zone (Dist.)</b>		X500 (1396 ft)
<b>BFE</b>	8 Feet NAVD88 (9.18 ft NGVD29)		<b>USGS Ground Elev</b>		5 ft NAVD88
<b>FEMA Map</b>	12071C0233G, 11/17/2022		<b>Previous Map</b>	12071C0235F, 08/28/2008, Zone AE	
<b>NFIP Status</b>	PARTICIPATING	<b>NFIP Program</b>	REGULAR	<b>First FIRM</b>	08/17/1981
<b>LOMA or LOMR</b>	NO	<b>CBRS / OPA</b>	NO	<b>EC On-File</b>	NO
<b>Claims* \$ / #</b>	\$443,868,794 / 7041	<b>NFIP PIF*</b>	35352	<b>NFIP Discount</b>	25%
<b>Flood Source</b>	250 ft	<b>Salt Water</b>	6346 ft	<b>Fresh Water</b>	327 ft

\*Aggregated by NFIP community.

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Date	Description	Inserted By	Mark Hidden
03-05-2024 11:22:37 AM	SOPHIE COOPER - Processed refund for \$38	SOPHIE COOPER	<input type="checkbox"/>