



HOPE INSURANCE AGENCY LLC
517 S 16TH ST
MCALLEN, TX 78501



NOVEMBER 06, 2023

MARK F GARZA
708 W JUAREZ AVE
PHARR, TX 78577-3646

Policy Number: 3000175592

Insured(s): MARK F GARZA
Property Location: 708 W JUAREZ AVE
PHARR, TX 78577-3646

Flood Insurance Policy Packet

This packet includes:

- **Your Flood Insurance Declarations Page**
- **A National Flood Insurance Program Summary of Coverage**
- **Claims Guidelines in Case of a Flood**

If you would like to electronically view or print a copy of the Standard Flood Insurance Policy, please visit <https://cypresspc.manageflood.com>, click View Important Flood Documents link and select from the list of documents. Your consent to this policy delivery option is assumed, unless you contact us to request a mailed or e-mailed copy of the policy.

If you would like a copy of the Standard Flood Insurance Policy e-mailed or mailed to you, please contact our customer service team at 888-532-3004 or cypresscs@torrentcorp.com.

Important Information About The National Flood Insurance Program

Federal law requires insurance companies that participate in the National Flood Insurance Program to provide you with the enclosed Summary of Coverage. It's important to understand that the Summary of Coverage provides only a general overview of the coverage afforded under your policy. You will need to review your flood insurance policy, Declarations Page, and any applicable endorsements for a complete description of your coverage. The enclosed Declarations Page indicates the coverage you purchased, your policy limits and the amount of your deductible.

You will soon receive additional information about the National Flood Insurance Program. This information will include a Claims Handbook, a history of flood losses that have occurred on your property as contained in FEMA's data base, and an acknowledgement letter.

If you have any questions about your flood insurance policy, please contact your agent or your insurance company.

CLAIM GUIDELINES IN CASE OF A FLOOD

For the protection of you and your family, the following claim guidelines are provided by the National Flood Insurance Program (NFIP). If you are ever in doubt as to what action is needed, consult your insurance representative.

Insurance Agent: ROSE E OVALLE

Agent's Phone Number: (956) 329-5312

- Notify us or your insurance agent, in writing, as soon as possible after the flood.
- Your claim will be assigned to an NFIP certified adjuster.
- Identify the claims adjuster assigned to your claim and contact him or her if you have not been contacted within 24 hours after you reported the claim to your insurance representative.
- As soon as possible, separate damaged property from undamaged property so that damage can be inspected and evaluated.
- To help the claims adjuster, take photographs of the outside of the premises showing the flooding and the damage and photographs of the inside of the premises showing the height of the water and the damaged property.
- Place all account books, financial records, receipts, and other loss verification material in a safe place for examination and evaluation by the claims adjuster.
- Work cooperatively with the claims adjuster to promptly determine and document all claim items. Be prepared to advise the claims adjuster of the cause and responsible party(ies) if the flooding resulted from other than natural cause.
- Make sure that the claims adjuster fully explains, and that you fully understand, all allowances and procedures for processing claim payments. This policy requires you to send us a signed and sworn-to, detailed proof of loss within 60 days after the loss.
- Any and all coverage problems and claim allowance restrictions must be communicated directly from the NFIP. Claims adjusters are not authorized to approve or deny claims; their job is to report to the NFIP on the elements of flood cause and damage.

At our option, we may accept an adjuster's report of the loss instead of your proof of loss. The adjuster's report will include information about your loss and the damages to your insured property.



HOPE INSURANCE AGENCY LLC
517 S 16TH ST
MCALLEN, TX 78501

Agency Phone: (956) 329-5312

NFIP Policy Number: 3000175592
Company Policy Number: 3000175592
Agent: ROSE E OVALLE

Payor: INSURED
Policy Term: 11/27/2023 12:01 AM - 11/27/2024 12:01 AM
Policy Form: DWELLING POLICY

To report a claim
visit or call us at: <https://cypresspc.manageflood.com>
(877) 254-6819

RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS

MARK F GARZA
708 W JUAREZ AVE
PHARR, TX 78577-3646

INSURED NAME(S) AND MAILING ADDRESS

MARK F GARZA
708 W JUAREZ AVE
PHARR, TX 78577-3646

COMPANY MAILING ADDRESS

HOMESITE INSURANCE COMPANY
PO BOX 912470
DENVER, CO 80291-2470

INSURED PROPERTY LOCATION

708 W JUAREZ AVE
PHARR, TX 78577-3646

BUILDING DESCRIPTION: MAIN DWELLING
BUILDING DESCRIPTION DETAIL: N/A

RATING INFORMATION

BUILDING OCCUPANCY: SINGLE-FAMILY HOME
NUMBER OF UNITS: N/A
PRIMARY RESIDENCE: YES
PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 1 FLOOR(S), FRAME CONSTRUCTION
PRIOR NFIP CLAIMS: 0 CLAIM(S)

DATE OF CONSTRUCTION: 10/01/2018
CURRENT FLOOD ZONE: AH
FIRST FLOOR HEIGHT (FEET): 0.6
FIRST FLOOR HEIGHT METHOD: ELEVATION CERTIFICATE

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE: AFFORDABLE HOMES OF SOUTH TEXAS INC
1420 ERIE AVE MCALLEN, TX 78501

LOAN NO: N/A

SECOND MORTGAGEE:

LOAN NO: N/A

ADDITIONAL INTEREST:

LOAN NO: N/A

DISASTER AGENCY:

CASE NO: N/A
DISASTER AGENCY: N/A

RATE CATEGORY — RATING ENGINE

	COVERAGE	DEDUCTIBLE
BUILDING:	\$154,000	\$1,250
CONTENTS:	\$61,000	\$1,000

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.
Please review this declaration page for accuracy. If any changes are needed, contact your agent.
Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit FloodSmart.gov/floodcosts.

COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$249.00
CONTENTS PREMIUM:	\$144.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$7.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$0.00)
FULL RISK PREMIUM:	\$400.00
ANNUAL INCREASE CAP DISCOUNT:	(\$0.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$400.00
RESERVE FUND ASSESSMENT:	\$72.00
HFIAA SURCHARGE:	\$25.00
FEDERAL POLICY FEE:	\$47.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$544.00

IN WITNESS WHEREOF, I have signed this policy below and hereby enter into this Insurance Agreement

Authorized by Fabian Fondriest

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

Policy issued by: HOMESITE INSURANCE COMPANY

Insurer NAIC Number: 17221

Zero Balance Due - This Is Not A Bill



File: 29751168

Page 1 of 1



DocID: 228910788

Printed 11/06/2023

Notice of Insurance Information Practices

The Homesite Insurance Companies ("Homesite") use information from many sources. This assists us to fairly determine eligibility for our programs and ensure accurate rates for all policies. Using this information also speeds the application process.

How we may collect, use and disclose this information is regulated by law, and we would like you to be aware of our practices and how they may affect your privacy.

Following is a description of the kinds of information we may collect, how we may collect it, and what is done with the information once it has been collected. We also describe how you can find out what information we have about you in our records or files, and how you can correct inaccurate information. We follow these practices with your information whether you are a policyholder, claimant, former policyholder, or just an inquiring consumer.

What kind of information do we collect about you?

Most of our information comes directly from you. The information you provide when you call us, complete an application, make a policy change or report a claim gives us most of the information we need to know. This information, of course, includes identifying information such as name and address as well as your type of home and claims history.

With your authorization, we may also obtain information such as credit reports, claims history, and investigative reports from other sources. We may send someone to inspect your property and verify information about the value and condition of the property.

The information we obtain about you may come from other insurance companies, insurance support organizations, or sources such as credit bureaus and property data collection services.

What do we do with the information collected about you?

With your authorization, we may disclose your personal information to insurance institutions, agents, insurance support organizations, or others who perform a business, professional, or insurance function for us.

We may, as permitted by law, disclose information about you in our records or files to certain persons or organizations without your prior permission. These include:

- For the purpose of detecting or preventing criminal activity, fraud, material misrepresentation or material nondisclosure in connection with an insurance transaction.
- In response to a law or facially valid administrative or judicial order, including a search warrant or subpoena.
- Businesses, for the purpose of conducting actuarial or research studies.
- Insurance regulatory authorities.
- Our affiliated companies, for the purpose of conducting an audit of our operations or services.
- Healthcare institutions and professionals, to enable them to provide us information in order to determine eligibility for an insurance benefit or payment or to conduct an audit of our operations or services.

The information we obtain about you from a report prepared by an insurance support organization may be retained by the insurance support organization and disclosed to other sources.

How confidential and secure is the information we have about you?

Homesite protects the confidentiality of the information that we have about you by restricting access to those employees who need to know that information to provide our products and services to you. We maintain physical electronic and procedural safeguards that comply with federal law and state regulation to guard your information.

How can you find out what information we have about you?

You have the right to know what information we have about you in our insurance records or files. To obtain this information, provide to us in writing an identification of yourself and a reasonable explanation of the information you desire. If the information can be reasonably located and obtained, we will inform you of its nature and substance within thirty (30) business days from the day we receive the request. You may personally see and obtain the information, or if you prefer, we will mail the information to you. We will also inform you who has received this information within the last two (2) years, or, if not recorded, to whom such information is normally disclosed.

What can you do if you disagree with the information we have about you?

You have the right to make a written request that we correct, delete, or change any recorded information we have about you in our records or files.

If we agree to comply with your request, we will notify you within thirty (30) business days of receiving your request. We will then furnish the amended information to any person you designate, who may have received the information within the past two (2) years, as well as to any person or organization who either supplied us with the information or to whom we disclosed it.

If we are unable to comply with your request, we will notify you within thirty (30) business days of receiving your written request with the reasons for our decision. If you disagree with the reasons for our decision, you have the right to file a concise statement of what you think is correct, relevant or fair information. Your statement will be filed with the disputed information and will be furnished to any person, insurance institution, agent or insurance support organization who either supplied us with information or to whom we disclosed it. Your statement will also be furnished to anyone reviewing the disputed information.

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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 Mark Fabian Garza				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 708 W. Juarez Ave.				Company NAIC Number:	
City Pharr		State Texas		ZIP Code 78577	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lots 18 and 19, Block 3, Colonia De Amigos					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>26°11'59.64"</u> Long. <u>-98°11'30.81"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 <u>1B</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>0</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A8.b <u>0</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>320</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A9.b <u>0</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Pharr 480347		B2. County Name Hidalgo		B3. State Texas	
B4. Map/Panel Number 0005	B5. Suffix C	B6. FIRM Index Date 10/19/1982	B7. FIRM Panel Effective/Revised Date 10/19/1982	B8. Flood Zone(s) AH	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 110
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input 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					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 708 W. Juarez Ave.			Policy Number:
City Pharr	State Texas	ZIP Code 78577	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, 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: RTCM #905 = 110.83 Vertical Datum: NAVD 1988

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) | 110.86 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor | N/A | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N/A | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | 110.36 | <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) | 110.5 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 110.2 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 110.4 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | N/A | <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.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No ☐ Check here if attachments.

Certifier's Name Arturo A. Salinas		License Number 4802	
Title Reg. Prof. Land Surveyor			
Company Name Art Salinas Engineering Inc.			
Address 1524 Dove Ave.			
City McAllen	State Texas	ZIP Code 78504	
Signature 		Date 11/02/2018	Telephone (956) 618-5565

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

Comments (including type of equipment and location, per C2(e), if applicable)

(1) The equipment noted in Section C2(e) is a proposed A/C condenser unit.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE**IMPORTANT: In these spaces, copy the corresponding information from Section A.****FOR INSURANCE COMPANY USE**Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
708 W. Juarez Ave.

Policy Number:

City

Pharr

State

Tx.

ZIP Code

78577

Company NAIC Number

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.



Photo One

Photo One Caption Front View - 11/02/2018



Photo Two

Photo Two Caption Rear View - 11/02/2018



Flood Insurance Payment Confirmation Receipt

Quote Number: TMP240930385372

Policy Number: FLD1953014030

Insured Name: MARK F GARZA

Property Address: 708 W JUAREZ AVE, Pharr, TX, 78577

Transaction Date: 10/29/2024

Remittance ID: 27IR924R

Premium Paid: \$552



Cypress Property & Casualty Insurance Company
PO Box 2057 Kalispell MT 59903 United States

Cypress Property & Casualty Insurance Company
<https://cypressig.com>
(800) 704-4251
NAIC#: 10953

PROPERTY ADDRESS #: 708 W JUAREZ AVE, Pharr, TX, 78577
POLICY #: FLD1953014030
NFIP POLICY #: 1953014030
POLICY TERM: 11-27-2024 (12:01 AM) - 11-27-2025 (12:01 AM)
POLICY ISSUED BY: Cypress Property & Casualty Insurance Company
PAYOR: MARK F GARZA

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

INSURED NAME & MAILING ADDRESS

MARK F GARZA
708 W Juarez Ave,
Pharr, TX, 78577

AGENT CONTACT INFORMATION

HOPE INSURANCE AGENCY LLC
517 S 16TH ST, Mcallen, TX, 78501

Phone : 956-329-5312

FLOOD INSURANCE POLICY DECLARATIONS

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

Policy Coverages & Endorsements

	COVERAGE	DEDUCTIBLE
Building	\$ 154,000	\$ 1,250
Contents	\$ 61,000	\$ 1,000

\$ 552

Total Annual Payment

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

Includes Premium, Discounts, Fees, and Surcharges

Property Information

Primary Residence	YES
Building Occupancy	Single Family
Building Description	Main House/Building
First Floor Height (FFH)	0.5
Method Used to Determine FFH	EC
Property Description	Slab on Grade (non-elevated), 1 Floors , Frame
Date of Construction	10-01-2018
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:	\$ 253
Contents Premium:	\$ 146
Increased Cost of Compliance (ICC) Premium:	\$ 8
Community Rating System Discount:	\$ 0
Full-Risk Premium:	\$ 407
Discounted Premium:	\$ 407
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 73
HFIAA Surcharge:	\$ 25
Federal Policy Fee:	\$ 47
Total Premium	\$ 552

ADDITIONAL INTERESTS

First Mortgagee

AFFORDABLE HOMES OF SOUTH TEXAS INC,
1420 ERIE AVE,
Mcallen, TX, 78501
Loan # : tbd

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: 10-30-2024

