

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: KB HOME TAMPA LLC	Policy Number: _____		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 17359 GULF PRESERVE DRIVE	Company NAIC Number: _____		
City: FORT MYERS	State: FL ZIP Code: 33908		
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: LOT 190, COVES OF ESTERO BAY II			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL			
A5. Latitude/Longitude: Lat. 26°29'23.01"N Long. 81°51'54.76"W 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: 1B			
A8. For a building with a crawlspace or enclosure(s):			
a) Square footage of crawlspace or enclosure(s): N/A 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: N/A Engineered flood openings: N/A			
d) Total net open area of non-engineered flood openings in A8.c: N/A sq. in.			
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): N/A sq. ft.			
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft.			
A9. For a building with an attached garage:			
a) Square footage of attached garage: 443.00 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: 0 Engineered flood openings: 0			
d) Total net open area of non-engineered flood openings in A9.c: 0.00 sq. in.			
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): 0.00 sq. ft.			
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): 0.00 sq. ft.			
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
B1.a. NFIP Community Name: LEE COUNTY	B1.b. NFIP Community Identification Number: 125124		
B2. County Name: LEE	B3. State: FL	B4. Map/Panel No.: 12071C0576	B5. Suffix: H
B6. FIRM Index Date: 11/17/2022	B7. FIRM Panel Effective/Revised Date: 11/17/2022		
B8. Flood Zone(s): AE	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 11		
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 17359 GULF PRESERVE DRIVE	<b>FOR INSURANCE COMPANY USE</b>
City: <u>FORT MYERS</u> State: <u>FL</u> ZIP Code: <u>33908</u>	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: NGS BM G416 (PID #AD8320) Vertical Datum: NGVD29

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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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):	<u>11.60</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor (see Instructions):	<u>N/A</u> <input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (see Instructions):	<u>N/A</u> <input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab):	<u>11.20</u> <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):	<u>11.30</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished	<u>10.60</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished	<u>10.90</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	<u>N/A</u> <input 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: RICHARD M. RITZ License Number: 4009

Title: REGISTERED LAND SURVEYOR

Company Name: BANKS ENGINEERING

Address: 10511 SIX MILE CYPRESS PARKWAY

City: FORT MYERS State: FL ZIP Code: 33966

Signature: RICHARD M. RITZ Date: 07/26/2023

Telephone: (239) 939-5490 Ext.: / Email: rritz@bankseng.com



Place Seal Here

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): Latitude and longitude were obtained by real time GPS observation. The elevation of NGS benchmark G416 was converted from NGVD29 TO NAVD88 using US Army Corps of Engineers Corpscon 6.0.1 software. The local conversion factor from NGVD29 to NAVD88 is -1.18 feet. Structure was permitted October 14, 2022 using FIRM 12071C0576G, effective December 7, 2018, flood zone AE, BFE 10'. C2E is the concrete air conditioner pad.

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City: FORT MYERS      State: FL      ZIP Code: 33908	Policy Number: _____ Company NAIC Number: _____

**SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED)  
FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)**

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction

\*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: \_\_\_\_\_  feet  meters  above or  below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: \_\_\_\_\_  feet  meters  above or  below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: \_\_\_\_\_  feet  meters  above or  below the HAG.

E3. Attached garage (top of slab) is: \_\_\_\_\_  feet  meters  above or  below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: \_\_\_\_\_  feet  meters  above or  below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown     The local official must certify this information in Section G.

**SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION**

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

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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

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

Comments:

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City: FORT MYERS	State: FL ZIP Code: 33908
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: FORT MYERS State: FL ZIP Code: 33908	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 higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: \_\_\_\_\_  feet  meters  above the LAG

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: \_\_\_\_\_



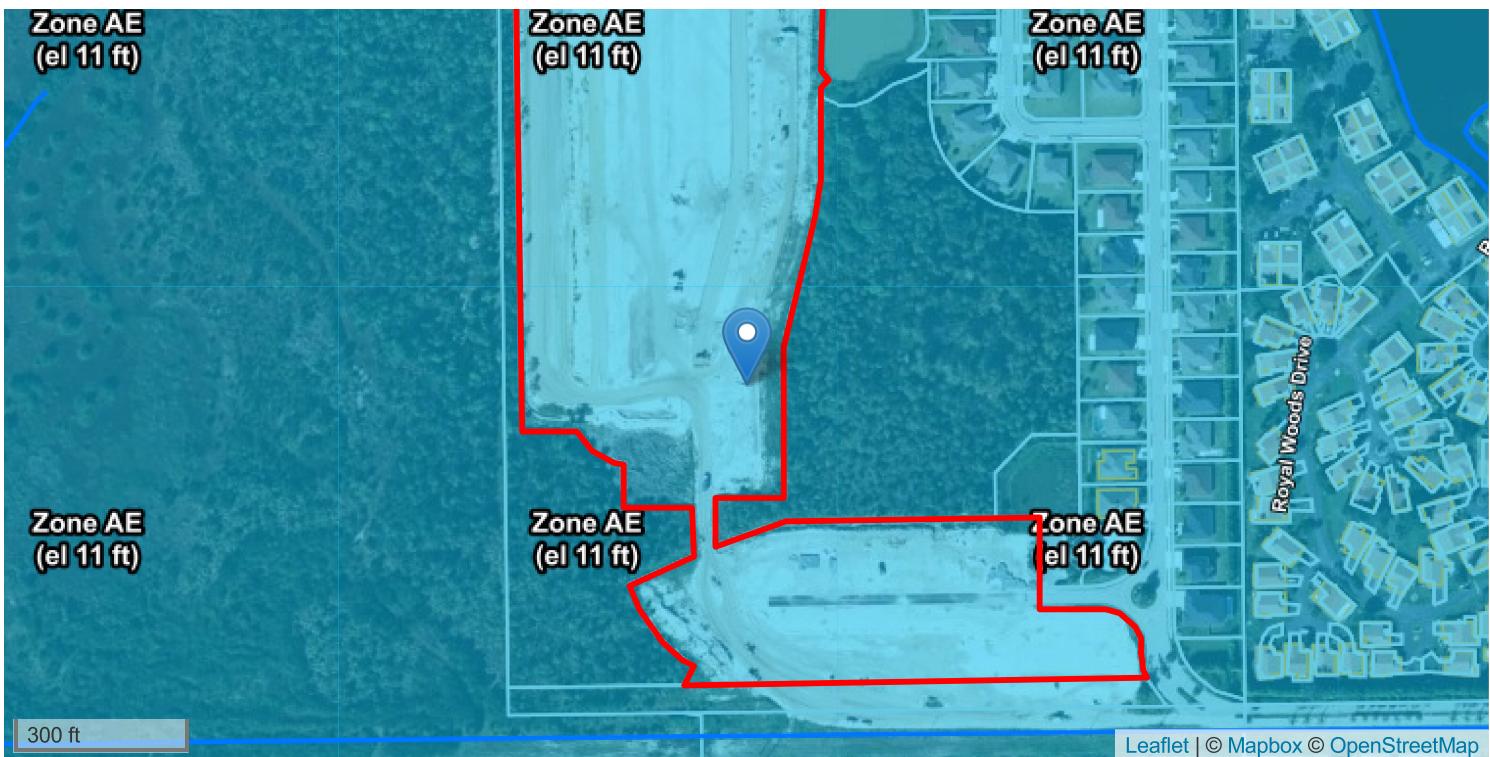
Alfonso Saavedra Pics

09/01/24



# FloodRisk Standard

Provided Location	17359 GULF PRESERVE DR, FORT MYERS, FL 33908		
Standardized Location	17359 GULF PRESERVE DR, FORT MYERS, FL 33908-5534		
Latitude, Longitude	26.489753, -81.865127	Parcel ID	12462438000010000
FIPS / MSA / Tract	12071 / 15980 / 501.06	Community No.	125124
Community Name	LEE COUNTY*		
County Name	UNINCORPORATED AREAS		



Flood Zone	Zone AE	Next Nearest Zone (Dist.)	X500 (5020 ft)
BFE	11 Feet NAVD88 (12.18 ft NGVD29)	USGS Ground Elev	3 ft NAVD88
FEMA Map	12071C0576H, 11/17/2022	Previous Map	12071C0576G, 12/07/2018, Zone AE
NFIP Status	PARTICIPATING	NFIP Program	REGULAR
LOMA or LOMR	NO	CBRS / OPA	NO
Claims* \$ / #	\$1,570,436,060 / 22192	NFIP PIF*	67118
Flood Source	628 ft	Salt Water	11517 ft
NFIP Discount 25%			
Fresh Water 57 ft			

\*Aggregated by NFIP community.



# STANDARD FLOOD INSURANCE APPLICATION

NGM INSURANCE COMPANY

<https://msainsurance.com>

(800) 285-7240

PO Box 2057, Kalispell, MT, 59903

Date	Application Number	Effective Date	Expiration Date	Waiting Period
10-03-2024	FLD4788005637	10-25-2024	10-25-2025	Loan Transaction - No Wait
<b>Insured Name(s)</b> MAYKOL ALFONSO-SAAVEDRA	<b>Mailing Address &amp; Phone</b> 17359 Gulf Preserve Dr, Fort Myers, FL, 33908 <b>Home Phone:</b> <b>Work Phone:</b> <b>Cell Phone:</b> (407)785-8541 <b>Email:</b> alfonsomaykol@gmail.com	<b>Property Address</b> 17359 GULF PRESERVE DR, Fort Myers, FL, 33908 <b>Property Address Type:</b> Location	<b>Agency Name, Address &amp; Phone</b> 5660 STRAND CT # 107, Naples, FL, 34110 <b>Email:</b> ofinsurance@aol.com <b>Phone Number:</b> 2397848764 <b>Agent Name:</b> OUR FAMILY INSURANCE #2	

Applicant Type:INDIVIDUAL

Prior Company NAIC:

Prior Policy Number:

Prior Company Name:

Renewal Billing:

Other Policy Number:

Potential Duplicate Policy:

1st Mortgagor

KBHS Home Loans LLC

PO Box 29411,

Phoenix, Maricopa County , AZ, 85038

Phone Number:

Fax Number:

Loan Number:980121286441

Required under

Mandatory

Purchase:

## Current Community Information

Community Name:

Community Number:125124

Map Panel:0576

Map Panel Suffix:H

Current Flood Zone:AE

Current Base Flood Elevation(BFE):3

FIRM Date:09-19-1984

Program:FLOODREGULAR

Program Status:

County:Lee County

Current Map Date:11-17-2022

Rating Map Date:

## Prior Community Information

Community Number:

Map Panel:

Map Panel Suffix:

Flood Zone:

FIRM Date:09-19-1984

Has This Property Been Remapped?:

Map Revision Date:

Construction Date

Date of Original Construction:12-31-2023

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: 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

NGM INSURANCE COMPANY

<https://msainsurance.com>

(800) 285-7240

PO Box 2057, Kalispell, MT, 59903

Date 10-03-2024	Application Number FLD4788005637	Effective Date 10-25-2024	Expiration Date 10-25-2025	Waiting Period Loan Transaction - No Wait
<b>Building Information</b> 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:				
<b>Foundation Information</b> Foundation:Slab on Grade (non-elevated) Enclosure/Crawlspace Size: Number of Elevators:				
<b>Venting Information (excluding V-Zones)</b> Enclosure/Crawlspace Has Valid Flood Openings: Number of Openings:				
<b>Building Machinery, Equipment and Appliances</b> Does the building contain appliances?: Are all appliances elevated above the first floor?:				
<b>Elevation Certificate Information</b> Elevation Certificate Section Used:C Elevation Certificate Date:08-01-2024 Diagram Number:1B Top of Bottom Floor:11.6 Top of Next Higher Floor: Lowest Adjacent Grade (LAG):10.6				
<b>Premium Calculations</b>				
RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	
Building	250,000.00	10,000.00	Building Premium:	\$ 2,353.00
Content	0.00	0.00	Content Premium:	\$ 0.00
			Increased Cost of Compliance (ICC) Premium:	\$ 45.00
			Mitigation Discount:	\$ 0.00
			Community Rating System Reduction:	\$ (550.00)
			Full Risk Premium:	\$ 1,848.00
			Annual Increase Cap Discount:	\$ 0.00
			Pre-Firm Discount:	\$ 0.00
			Discounted Premium:	\$ 1,848.00
			Reserve Fund Assessment:	\$ 333.00
			HFIAA Surcharge:	\$ 25.00
			Federal Policy Fee:	\$ 47.00
			Probation Surcharge:	\$ 0.00
			Total Quoted Premium	\$ 2,253.00

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

Date:

APC PRV 07 21





## Flood Insurance Payment Confirmation Receipt

Quote Number: TMP240925931406

Policy Number: FLD4788005637

Insured Name: MAYKOL ALFONSO-SAAVEDRA

Property Address: 17359 GULF PRESERVE DR, Fort Myers, FL, 33908

Transaction Date: 10/18/2024

Remittance ID: 27IJ0BDJ

Premium Paid: \$2253



NGM INSURANCE COMPANY  
PO Box 2057 Kalispell MT 59903 United States

NGM INSURANCE COMPANY  
<https://msainsurance.com>  
(800) 285-7240  
NAIC# : 14788

PROPERTY ADDRESS #: 17359 GULF PRESERVE DR, Fort Myers, FL, 33908

POLICY FORM:

Dwelling Policy

POLICY #: FLD4788005637

POLICY DECLARATIONS TYPE:

New Policy Declarations

NFIP POLICY #: 4788005637

POLICY TERM: 10-25-2024 (At time of loan closing) - 10-25-2025 (12:01 AM)

RATE CATEGORY :

RatingEngine

POLICY ISSUED BY: NGM INSURANCE COMPANY

PAYOR: MAYKOL ALFONSO-SAAVEDRA

#### INSURED NAME & MAILING ADDRESS

MAYKOL ALFONSO-SAAVEDRA

17359 Gulf Preserve Dr,  
Fort Myers, FL, 33908

#### AGENT CONTACT INFORMATION

OUR FAMILY INSURANCE #2

5660 STRAND CT # 107, Naples, FL, 34110

Phone : 2397848764

## 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
Contents	\$ 0

**\$ 2,253**

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)	1
Method Used to Determine FFH	EC
Property Description	Slab on Grade (non-elevated), 1 Floors , Masonry
Date of Construction	12-31-2023
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:	\$ 2,353
Contents Premium:	\$ 0
Increased Cost of Compliance (ICC) Premium:	\$ 45
Community Rating System Discount:	<b>\$ (550.00)</b>
<b>Full-Risk Premium:</b>	\$ 1,848
<b>Discounted Premium:</b>	\$ 1,848
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 333
HFIAA Surcharge:	\$ 25
Federal Policy Fee:	\$ 47
<b>Total Premium</b>	<b>\$ 2,253</b>

#### ADDITIONAL INTERESTS

First Mortgagee

KBHS Home Loans LLC,  
PO Box 29411,  
Phoenix, AZ, 85038  
Loan # : 980121286441

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: 10-31-2024

