

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>CLAUDETTE HENDERSON</u>		Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>1113 RL HENDERSON DR</u>		Company NAIC Number: _____
City: <u>PRICHARD</u> State: <u>AL</u> ZIP Code: <u>36610</u>		
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>LOTS 1 & 2, WASHINGTON TERRACE (PARCEL ID: 2208440014100)</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>RESIDENTIAL</u>		
A5. Latitude/Longitude: Lat. <u>30° 44' 43.94" N</u> Long. <u>88° 04' 29.03" 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>5</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>N/A</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 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: <u>N/A</u> Engineered flood openings: <u>N/A</u>		
d) Total net open area of non-engineered flood openings in A9.c: <u>N/A</u> sq. in.		
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>N/A</u> sq. ft.		
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		
B1.a. NFIP Community Name: <u>CITY OF PRICHARD</u>		B1.b. NFIP Community Identification Number: <u>010170</u>
B2. County Name: <u>MOBILE</u>	B3. State: <u>AL</u>	B4. Map/Panel No.: <u>01097C 0552</u> B5. Suffix: <u>L</u>
B6. FIRM Index Date: <u>06/05/2020</u>		B7. FIRM Panel Effective/Revised Date: <u>06/05/2020</u>
B8. Flood Zone(s): <u>AE</u>		B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>25.0 FEET</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: _____ <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		

ELEVATION CERTIFICATE

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1113 RL HENDERSON DR

City: PRICHARD State: AL ZIP Code: 36610

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: TOPNET LIVE - RTK+ SOUTHEAST Vertical Datum: NAVD 1988 W/2001 ADJ

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): 30.45 ☒ 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): N/A ☐ 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): 30.42 ☒ feet ☐ meters

f) Lowest Adjacent Grade (LAG) next to building: ☐ Natural ☒ Finished 25.3 ☒ feet ☐ meters

g) Highest Adjacent Grade (HAG) next to building: ☐ Natural ☒ Finished 26.3 ☒ feet ☐ meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: 25.3 ☒ 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: CURTIS C HAMPTON License Number: 51648

Title: CIVIL ENGINEER

Company Name: COBALT ENGINEERING & INSPECTIONS

Address: 12005 DELANY ROAD

City: LA MARQUE State: TX ZIP Code: 77568

Signature: [Signature] Date: 10/16/2024

Telephone: (409) 354-5925 Ext.: _____ Email: PROJECTS@COBALT-ENGINEERING.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):

1. TBM EL = 26.76 FEET; SET PK NAIL IN CENTER OF RL HENDERSON DR IN FRONT OF PROPERTY
2. CENTERLINE STREET EL = 26.76 FEET (RL HENDERSON DR)
3. SECTION C2a & C2e ARE BASED ON 3 FEET ABOVE LAG; SECTION C2e IS USED FOR THE A/C PAD

ELEVATION CERTIFICATE

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1113 RL HENDERSON DR

City: PRICHARD State: AL ZIP Code: 36610

FOR INSURANCE COMPANY USE

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: _____

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.:
1113 RL HENDERSON DR

City: PRICHARD State: AL ZIP Code: 36610

FOR INSURANCE COMPANY USE

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):

ELEVATION CERTIFICATE

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1113 RL HENDERSON DR

City: PRICHARD State: AL ZIP Code: 36610

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.:
1113 RL HENDERSON DR

City: PRICHARD State: AL ZIP Code: 36610

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 (10/16/2024)**

Clear Photo One



Photo Two

Photo Two Caption: **RIGHT (10/16/2024)**

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.:
1113 RL HENDERSON DR

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

City: PRICHARD State: AL ZIP Code: 36610

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 (10/16/2024)**

Clear Photo Three



Photo Four

Photo Four Caption: **LEFT (10/16/2024)**

Clear Photo Four



Home Recovery Alabama Program (HRAP) Selection Sheet



Floorplan: Longspur (Reduced), 3 Bedroom, 2 Bathroom, 1,288 SF

Exterior Style

Administrative Data

Initial

Applicant Number: AL-HRAP-365758

Applicant Name: Claudette Henderson

Co-Applicant Name: _____

Address: 1113 RL Henderson Drive

Prichard AL 36610

Utilities

Is the Home equipped with: (for disconnect only)

- ☐ All Electric
☐ Electric plus Natural Gas
☒ City Water
☒ City Sewer
☐ Propane
☐ Septic
☐ Well

Home Recovery Alabama Program (HRAP) will be providing all ELECTRIC appliance. No gas lines will be provided.

Signatures

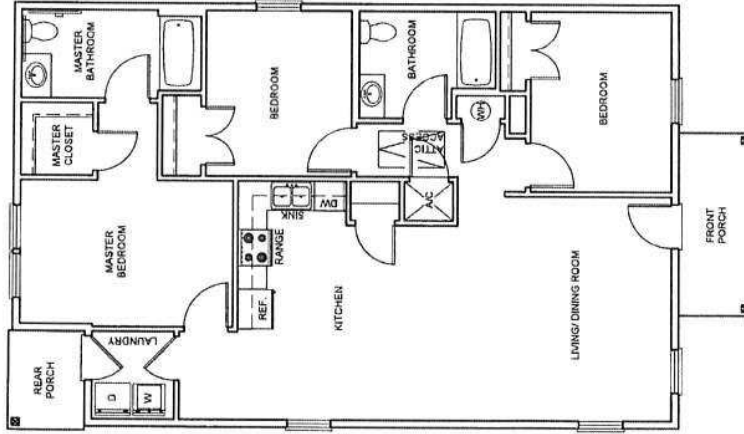
By signing this form, I acknowledge that I have reviewed the Home Recovery Alabama Program (HRAP) Selection Sheet and have accepted both the floor plan and the house style as indicated by my initials.

Applicant Signature: Claudette Henderson Date: 7-3-24

Co-Applicant Signature: _____ Date: _____

GC Rep Signature: Patricia Bell Date: 7-3-24

HRAP Signature: Jacquie Taylor Date: 7-3-2024

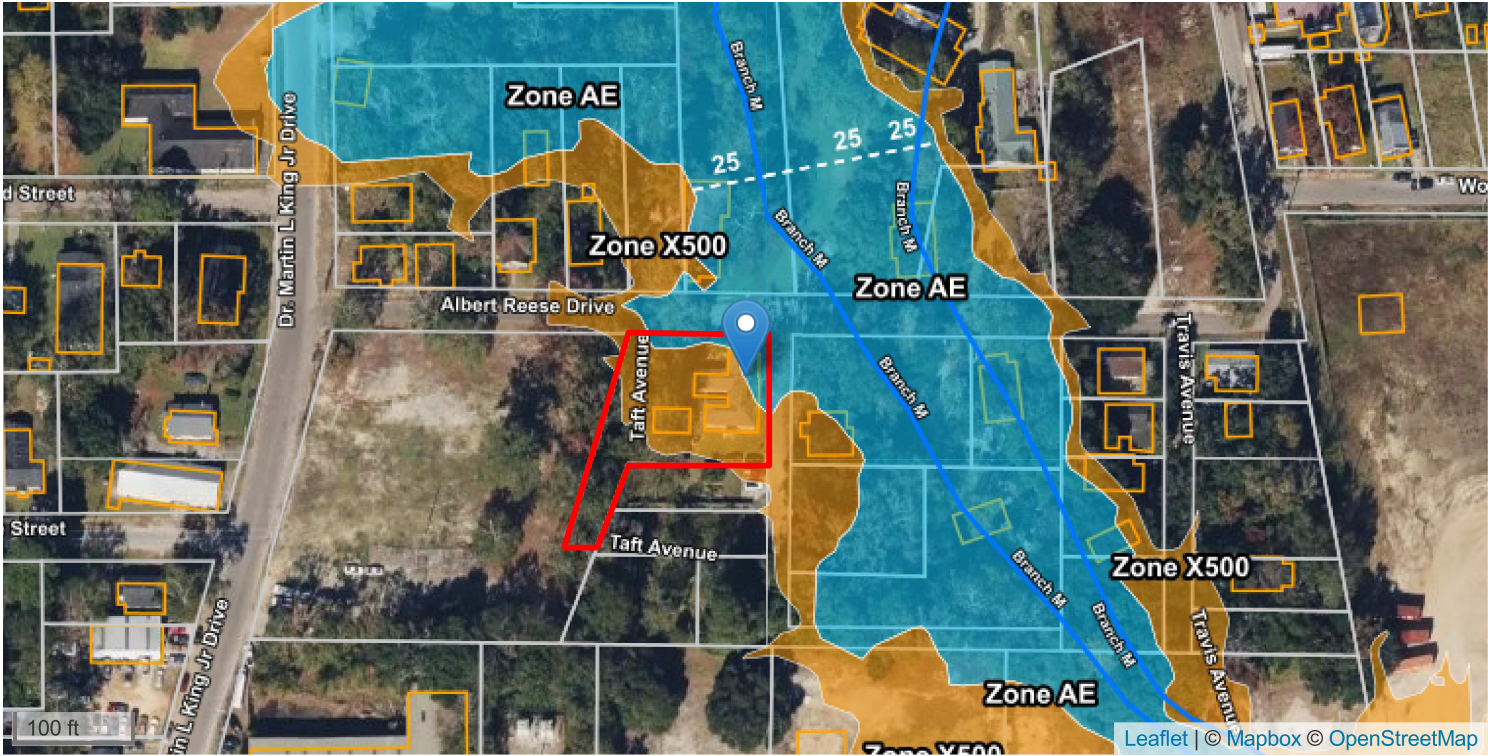


Initial

Standard Mirrored

FloodRisk Standard

Provided Location	1113 TAFT AVE, MOBILE, AL 36610		
Standardized Location	1113 RL HENDERSON DR MAIN HOUSE, MOBILE, AL 36610-1810		
Latitude, Longitude	30.745569, -88.074705	Parcel ID	2208440014100.000
FIPS / MSA / Tract	01097 / 33660 / 76	Community No.	010170
Community Name	PRICHARD, CITY OF		
County Name	MOBILE COUNTY		



Flood Zone	Zone AE		Next Nearest Zone (Dist.)		X500 (1 ft)
BFE	25 FEET NAVD88 (24.98 ft NGVD29)		USGS Ground Elev		26 ft NAVD88
FEMA Map	01097C0552L, 06/05/2020		Previous Map	01097C0552K, 03/17/2010, Zone X	
NFIP Status	PARTICIPATING	NFIP Program	REGULAR	First FIRM	02/04/1981
LOMA or LOMR	NO	CBRS / OPA	NO	EC On-File	NO
Claims* \$ / #	\$900,935 / 167	NFIP PIF*	44	NFIP Discount	N/A
Flood Source	101 ft	Salt Water	23303 ft	Fresh Water	116 ft

*Aggregated by NFIP community.

Copyright Xactus. All Rights Reserved. This is not a guaranteed flood hazard determination, it is not a substitute for an elevation certificate, and it cannot be used to acquire a Letter of Map Amendment. Go to massivecert.com for certified products, building elevation and construction data, and flood risk scores. If you have questions about this report, call us toll-free at 844-4EZ-CERT, or email us at customersupport@xactus.com.

STANDARD FLOOD INSURANCE
APPLICATION

Date	Application Number	Effective Date	Expiration Date	Waiting Period
10-29-2024	FLD1186000253	11-28-2024	11-28-2025	Standard - 30 Day Wait
Insured Name(s) CLAUDETTE HENDERSON	Mailing Address & Phone 1113 R L HENDERSON, Prichard, AL, 36610 Home Phone: Work Phone: Cell Phone: Email: richard.byrd@brizoconstruction.co,	Property Address 1113 R L HENDERSON, Prichard, AL, 36610 Property Address Type: Location	Agency Name, Address & Phone PO BOX 610, Foley, AL, 36536 Email: lauriegilbert@baldwinmutual.com Phone Number: 2519438526 Agent Name: BALDWIN MUTUAL INSURANCE COMPANY	
Applicant Type: INDIVIDUAL Prior Company NAIC: Prior Policy Number: Prior Company Name: Renewal Billing:		Other Policy Number: Potential Duplicate Policy:		
Current Community Information Community Name: Community Number: 010170 Map Panel: 0552 Map Panel Suffix: L Current Flood Zone: AE Current Base Flood Elevation(BFE): 25.0 FIRM Date: 06-05-2020 Program: FLOODREGULAR Program Status: County: Mobile County Current Map Date: 06-05-2020 Rating Map Date:		Prior Community Information Community Number: Map Panel: Map Panel Suffix: Flood Zone: FIRM Date: 06-05-2020 Has This Property Been Remapped?: Map Revision Date:		
Construction Date Date of Original Construction: 08-27-2024 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)?: NO Prior Owner Policy Number: Prior Owner Company Name: Did the applicant have a prior NFIP policy for the building that lapsed?: Was the policy receviing a PRE-FIRM or Newly Mapped disocount?: 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		



STANDARD FLOOD INSURANCE
APPLICATION

PO Box 2057, Kalispell, MT, 59903

(800) 610-1521

Date	Application Number	Effective Date	Expiration Date	Waiting Period
10-29-2024	FLD1186000253	11-28-2024	11-28-2025	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: 250000 Replacement Cost Value Returned by FEMA: 205938 Total sq. footage of building: 1288 Total # of floors in building: 1 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 without enclosure on piers, posts & piles Enclosure/Crawlspace Size: Number of Elevators:		Mobilehome/Travel Trailer Information On Permanent Foundation: Anchored By: Serial Number:		
Venting Information (excluding V-Zones) Enclosure/Crawlspace Has Valid Flood Openings: Number of Openings:		Area of Permanent Openings (Sq. In.): Has Engineered Openings:		
Building Machinery, Equipment and Appliances Does the building contain appliances?: Are all appliances elevated above the first floor?:		Does the building contain machinery and equipment servicing the building?: Is all machinery and equipment servicing the building, located inside or outside the building, elevated above the first floor?: YES		
Elevation Certificate Information Elevation Certificate Section Used:C Elevation Certificate Date:10-16-2024 Diagram Number:5 Top of Bottom Floor:30.4 Top of Next Higher Floor: Lowest Adjacent Grade (LAG):25.3		Floodproofing Certificate: Flood Proofing Elevation: Lowest (Rating) Floor Elevation: Elevation Certificate First Floor Height: 5.1 FEMA First Floor Height: 5.1 First Floor Height Method Used: EC		

Premium Calculations

RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	AMOUNT DUE
Building	250,000.00	1,250.00	Building Premium:	\$ 794.00
Content	0.00	0.00	Content Premium:	\$ 0.00
			Increased Cost of Compliance (ICC) Premium:	\$ 15.00
			Mitigation Discount:	\$ (31.00)
			Community Rating System Reduction:	\$ 0.00
			Full Risk Premium:	\$ 778.00
			Annual Increase Cap Discount:	\$ 0.00
			Newly Mapped Discount:	\$ 0.00
			Pre-Firm Discount:	\$ 0.00
			Discounted Premium:	\$ 778.00
			Reserve Fund Assessment:	\$ 140.00
			HFIAA Surcharge:	\$ 25.00
			Federal Policy Fee:	\$ 47.00
			Probation Surcharge:	\$ 0.00
			Total Quoted Premium	\$ 990.00

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date





Flood Insurance Payment Confirmation Receipt

Quote Number: TMP241029862585

Policy Number: FLD1186000253

Insured Name: CLAUDETTE HENDERSON

Property Address: 1113 R L HENDERSON, Prichard, AL, 36610

Transaction Date: 10/29/2024

Remittance ID: 27IRHI24

Premium Paid: \$990

COVERAGE ADJUSTMENT NOTICE

BALDWIN
MUTUAL INSURANCE

BALDWIN MUTUAL INSURANCE COMPANY
PO Box 2057 Kalispell MT 59903 USA

BALDWIN MUTUAL
INSURANCE COMPANY
<https://www.baldwinmutual.com/>
(800) 610-1521
NAIC# : 31186

PROPERTY ADDRESS : 1113 R L HENDERSON DR, Prichard, AL, 36610
POLICY # :FLD1186000253
NFIP POLICY # :FLD1186000253
POLICY ISSUED BY :BALDWIN MUTUAL INSURANCE COMPANY
POLICY TERM : 11-28-2024 (12:01 AM) - 11-28-2025 (12:01 AM)
PAYOR : CLAUDETTE HENDERSON

INSURED NAME & MAILING ADDRESS

CLAUDETTE HENDERSON

1113 R L HENDERSON DR, Prichard, AL, 36610

PAYOR CONTACT INFORMATION

CLAUDETTE HENDERSON

1113 R L HENDERSON DR,
Prichard, AL, 36610

DEAR CLAUDETTE HENDERSON,

THIS IS A NOTICE OF PREMIUM DUE OF YOUR FLOOD POLICY FOR THE PROPERTY LOCATED AT:

1113 R L HENDERSON DR, Prichard, AL, 36610

As of today, we have not received the premium of \$ 37

Coverage has been reduced to what can be afforded with the premium on file.

	Requested Coverage Amount	Reduced Coverage Amount
Building	\$ 250,000	\$ 234,000
Contents	\$ 0	\$ 0

If the remaining payment of \$ 37 is received by 11/28/2024, then coverage limits will be increased to the requested coverage amount. If payment is received after this date, there will be a 30-day wait from the premium receipt date to increase coverage.

A copy of this premium request notice has been mailed to: 1. BALDWIN MUTUAL INSURANCE COMPANY

Make check or money order payable to BALDWIN MUTUAL INSURANCE COMPANY - PO BOX 736675, Dallas, TX, 75373. Want to overnight your payment? BALDWIN MUTUAL INSURANCE COMPANY - 555 Corporate Drive, Suite 101, Kalispell, MT, 59901 . If there have been any mortgagee changes, please contact your agent.



IF YOU HAVE ANY QUESTIONS ON YOUR POLICY, PLEASE CONTACT YOUR AGENT FOR ASSISTANCE

AGENT : BALDWIN MUTUAL INSURANCE
AGENCY : BALDWIN MUTUAL INSURANCE COMPANY
PHONE : (251) 943-8526

Date Mailed: 10-30-2024



PROPERTY ADDRESS #:	1113 R L HENDERSON DR, Prichard, AL, 36610	POLICY FORM:	Dwelling Policy
POLICY #:	FLD1186000253	POLICY DECLARATIONS TYPE:	New Policy Declarations
NFIP POLICY #:	1186000253		
POLICY TERM:	11-28-2024 (12:01 AM) - 11-28-2025 (12:01 AM)	RATE CATEGORY :	RatingEngine
POLICY ISSUED BY:	BALDWIN MUTUAL INSURANCE COMPANY		
PAYOR:	CLAUDETTE HENDERSON		

INSURED NAME & MAILING ADDRESS	AGENT CONTACT INFORMATION
CLAUDETTE HENDERSON 1113 R L HENDERSON DR, Prichard, AL, 36610	BALDWIN MUTUAL INSURANCE COMPANY PO BOX 610, Foley, AL, 36536 Phone : 2519438526

FLOOD INSURANCE POLICY DECLARATIONS

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

Policy Coverages & Endorsements

	COVERAGE	DEDUCTIBLE	
Building	\$ 234,000	\$ 1,250	\$ 991
Contents	\$ 0	\$ 0	
Coverage limitations may apply. See your Policy Form for details.			Total Annual Payment
			Includes Premium, Discounts, Fees, and Surcharges

Property Information

Premium Calculations

		COMPONENTS OF THE TOTAL	PREMIUM
Primary Residence	YES	Building Premium:	\$ 764
Building Occupancy	Single Family	Contents Premium:	\$ 0
Building Description	Main House/Building	Increased Cost of Compliance (ICC) Premium:	\$ 15
First Floor Height (FFH)	5.1	Community Rating System Discount:	\$ 0
Method Used to Determine FFH	EC	Full-Risk Premium:	\$ 779
Property Description	Elevated without enclosure on piers, posts & piles, 1 Floors , Frame	Discounted Premium:	\$ 779
Date of Construction	08-27-2024	Fees and Surcharges:	
Prior NFIP Claims	0 Claim(s)	Reserve Fund Assessment:	\$ 140
Your property's NFIP flood claims history can affect your premium.		HFIAA Surcharge:	\$ 25
		Federal Policy Fee:	\$ 47
		Total Premium	\$ 991

ADDITIONAL INTERESTS

COVERAGE ADJUSTMENT NOTICE

BALDWIN
MUTUAL INSURANCE

BALDWIN MUTUAL INSURANCE COMPANY
PO Box 2057 Kalispell MT 59903 USA

BALDWIN MUTUAL
INSURANCE COMPANY
<https://www.baldwinmutual.com/>
(800) 610-1521
NAIC# : 31186

PROPERTY ADDRESS : 1113 R L HENDERSON DR, Prichard, AL, 36610
POLICY # :FLD1186000253
NFIP POLICY # :FLD1186000253
POLICY ISSUED BY :BALDWIN MUTUAL INSURANCE COMPANY
POLICY TERM : 11-28-2024 (12:01 AM) - 11-28-2025 (12:01 AM)
PAYOR : CLAUDETTE HENDERSON

INSURED NAME & MAILING ADDRESS

CLAUDETTE HENDERSON
1113 R L HENDERSON DR, Prichard, AL, 36610

PAYOR CONTACT INFORMATION

CLAUDETTE HENDERSON
1113 R L HENDERSON DR,
Prichard, AL, 36610

DEAR CLAUDETTE HENDERSON,

THIS IS A NOTICE OF PREMIUM DUE OF YOUR FLOOD POLICY FOR THE PROPERTY LOCATED AT:

1113 R L HENDERSON DR, Prichard, AL, 36610

As of today, we have not received the premium of \$ 37

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