

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 INSTRUCTION PAGES 1-11

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>NICK LORETTE</u>		Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>5497 SH 361 UNIT 26</u>		Company NAIC Number: _____
City: <u>PORT ARANSAS</u> State: <u>TX</u> ZIP Code: <u>78373</u>		
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>UNIT 26, SUNRISE BEACH CONDOS PHASE 1, CITY OF PORT ARANSAS, NUECES COUNTY, TEXAS</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>RESIDENTIAL</u>		
A5. Latitude/Longitude: Lat. <u>N27°45'08.77"</u> Long. <u>W97°07'15.12"</u> Horiz. Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input checked="" type="checkbox"/> WGS 84		
A6. Attach at least two and when possible four clear color photographs (one for each side) of the building (see Form pages 7 and 8).		
A7. Building Diagram Number: <u>6</u>		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s): <u>32</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 checked="" type="checkbox"/> No <input 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: _____ Engineered flood openings: _____		
d) Total net open area of non-engineered flood openings in A8.c: _____ sq. in.		
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): _____ sq. ft.		
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): _____ sq. ft.		
A9. For a building with an attached garage:		
a) Square footage of attached garage: <u>165</u> sq. ft.		
b) Is there at least one permanent flood opening on two different sides of the attached garage? <input checked="" type="checkbox"/> Yes <input 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>2</u> Engineered flood openings: _____		
d) Total net open area of non-engineered flood openings in A9.c: <u>168</u> sq. in.		
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft.		
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>168</u> sq. ft.		
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		
B1.a. NFIP Community Name: <u>PORT ARANSAS</u>		B1.b. NFIP Community Identification Number: <u>485498</u>
B2. County Name: <u>NUECES COUNTY</u>	B3. State: <u>TX</u>	B4. Map/Panel No.: <u>48355C/0390</u> B5. Suffix: <u>G</u>
B6. FIRM Index Date: <u>10/13/2022</u>	B7. FIRM Panel Effective/Revised Date: <u>10/13/2022</u>	
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>8.0'</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

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

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5497 SH 361 UNIT 26

City: PORT ARANSAS State: TX ZIP Code: 78373

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: AH-1674 Vertical Datum: 1988

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?

☐ 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): | 10.3 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions): | 19.6 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | 8.8 | <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): | 11.3 | <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 | 8.3 | <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 | 8.6 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | 8.3 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

☐ Check here if attachments and describe in the Comments area.

Certifier's Name: BRIDGET A. BRUNDRETT License Number: 6073

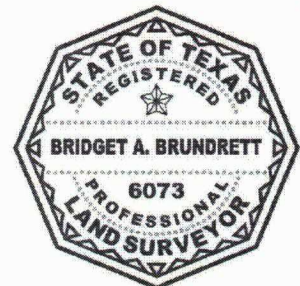
Title: RPLS

Company Name: GRIFFITH & BRUNDRETT SURVEYING & ENGINEERING, INC.

Address: 411 S. PEARL ST.

City: ROCKPORT State: TX ZIP Code: 78382

Telephone: (361) 729-6479 Ext.: _____ Email: bridgetb@gbsurveyor.com



Signature: Bridget A. Brundrett Digitally signed by Bridget A. Brundrett
Date: 2024.08.26 13:23:05 -05'00' Date: 08/26/2024

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):
FINISHED FLOOR FOR A TWO LEVEL WOOD FRAME RESIDENCE ON TALL WOOD PILES WITH GARAGE ON CONCRETE SLAB AND RESTROOM ON RAISED CONCRETE SLAB. LOWEST VISIBLE MACHINERY, A/C UNIT ON WOOD RACK. LAT/LONG COORDINATES PROVIDED BY HANDHELD GPS UNIT.

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
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.:
5497 SH 361 UNIT 26

City: PORT ARANSAS State: TX ZIP Code: 78373

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 - TAKEN ON 08/15/2024

Clear Photo One



Photo Two

Photo Two Caption: SIDE VIEW - TAKEN ON 08/15/2024

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
5497 SH 361 UNIT 26

City: PORT ARANSAS State: TX ZIP Code: 78373

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: SIDE VIEW - TAKEN ON 08/15/2024

Clear Photo Three



Photo Four

Photo Four Caption: REAR VIEW - TAKEN ON 08/15/2024

Clear Photo Four



STANDARD FLOOD INSURANCE APPLICATION

Texas Farmers Insurance
Company

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

PO Box 2057, Kalispell, MT, 59903

(888) 391-2810

Date	Application Number	Effective Date	Expiration Date	Waiting Period
11-06-2024	FLD1660097392	11-06-2024	11-06-2025	Loan Transaction - No Wait

Insured Name(s)	Mailing Address & Phone	Property Address	Agency Name, Address & Phone
CINEMA SHORES, LLC	220 WEDGE WOOD ST., Lake Jackson, TX, 77566 Home Phone: Work Phone: Cell Phone: (979)285-8221 Email: davemayberry@sbcglobal.net	5497 ST HWY 361 UNIT 26, Port Aransas, TX, 78373 Property Address Type: Location	PO BOX 59, Port Aransas, TX, 78373 Email: brichter@farmersagent.com Phone Number: 3617494940 Agent Name: Bryan Richter

Applicant Type:BUSINESS

Prior Company NAIC:

Prior Policy Number:

Prior Company Name:

Renewal Billing:

Other Policy Number:

Potential Duplicate Policy:

1st Mortgagee

First State Bank

PO BOX 577,

Clute, Brazoria County , TX, 77531

Phone Number:

Fax Number:

Loan Number:111877

Required under

Mandatory

Purchase:

Current Community Information

Community Name:

Community Number:485464

Map Panel:0390

Map Panel Suffix:G

Current Flood Zone:AE

Current Base Flood Elevation(BFE):8

FIRM Date:07-23-1971

Program:FLOODREGULAR

Program Status:

County:Nueces County

Current Map Date:10-13-2022

Rating Map Date:

Prior Community Information

Community Number:

Map Panel:

Map Panel Suffix:

Flood Zone:

FIRM Date:07-23-1971

Has This Property Been Remapped?:

Map Revision Date:

Construction Date

Date of Original Construction:01-01-2023

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: 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 APPLICATION

Texas Farmers Insurance
Company

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

PO Box 2057, Kalispell, MT, 59903

(888) 391-2810

Date	Application Number	Effective Date	Expiration Date	Waiting Period
11-06-2024	FLD1660097392	11-06-2024	11-06-2025	Loan Transaction - No 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: 350000 Replacement Cost Value Returned by FEMA: 159657 Total sq. footage of building: 900 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 with 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?: NO		

Elevation Certificate Information Elevation Certificate Section Used:C Elevation Certificate Date:08-26-2024 Diagram Number:6 Top of Bottom Floor:10.3 Top of Next Higher Floor:19.6 Lowest Adjacent Grade (LAG):8.3	Floodproofing Certificate: Flood Proofing Elevation: Lowest (Rating) Floor Elevation: Elevation Certificate First Floor Height: 11.3 FEMA First Floor Height: 11.3 First Floor Height Method Used: EC
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Premium Calculations

RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	AMOUNT DUE
Building	250,000.00	1,250.00	Building Premium:	\$ 366.00
Content	50,000.00	1,000.00	Content Premium:	\$ 169.00
			Increased Cost of Compliance (ICC) Premium:	\$ 10.00
			Mitigation Discount:	\$ (20.00)
			Community Rating System Reduction:	\$ (33.00)
			Full Risk Premium:	\$ 492.00
			Annual Increase Cap Discount:	\$ 0.00
			Newly Mapped Discount:	\$ 0.00
			Pre-Firm Discount:	\$ 0.00
			Discounted Premium:	\$ 492.00
			Reserve Fund Assessment:	\$ 89.00
			HFIAA Surcharge:	\$ 250.00
			Federal Policy Fee:	\$ 47.00
			Probation Surcharge:	\$ 0.00
			Total Quoted Premium	\$ 878.00

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

Provided Location	5497 ST HWY 361 UNIT 26, PORT ARANSAS, TX 78373		
Standardized Location	5497 STATE HIGHWAY 361 UNIT 26, PORT ARANSAS, TX 78373-4807		
Latitude, Longitude	27.763041, -97.114598	Parcel ID	377837
FIPS / MSA / Tract	48355 / 18580 / 62.05	Community No.	485464
Community Name	CORPUS CHRISTI, CITY OF		
County Name	NUECES		



Flood Zone	Zone AE		Next Nearest Zone (Dist.)	X500 (32 ft)	
BFE	8 Feet NAVD88 (8.49 ft NGVD29)		USGS Ground Elev	8 ft NAVD88	
FEMA Map	48355C0390G, 10/13/2022		Previous Map	4854980007F, 09/30/1992, Zone AE	
NFIP Status	PARTICIPATING	NFIP Program	REGULAR	First FIRM	07/23/1971
LOMA or LOMR	NO	CBRS / OPA	NO	EC On-File	NO
Claims* \$ / #	\$38,861,427 / 4298	NFIP PIF*	19884	NFIP Discount	10%
Flood Source	1405 ft	Salt Water	1916 ft	Fresh Water	1586 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.



Flood Insurance Payment Confirmation Receipt

Quote Number: TMP240909721085

Policy Number: FLD1660097392

Insured Name: CINEMA SHORES, LLC

Property Address: 5497 ST HWY 361 UNIT 26, Port Aransas, TX, 78373

Transaction Date: 11/06/2024

Remittance ID: 27J3FII3

Premium Paid: \$878



COVERAGE ADJUSTMENT NOTICE

Texas Farmers Insurance Company
<https://www.farmers.com/>
(888) 391-2810
NAIC# : 21660

Texas Farmers Insurance Company
PO Box 2057 Kalispell MT 59903 USA

PROPERTY ADDRESS : 5497 ST HWY 361 UNIT 26, Port Aransas, TX, 78373
POLICY # : FLD1660097392
NFIP POLICY # : FLD1660097392
POLICY ISSUED BY : Texas Farmers Insurance Company
POLICY TERM : 11-06-2024 (12:01 AM) - 11-06-2025 (12:01 AM)
PAYOR : CINEMA SHORES, LLC

INSURED NAME & MAILING ADDRESS

CINEMA SHORES, LLC
220 WEDGE WOOD ST., Lake Jackson, TX, 77566

PAYOR CONTACT INFORMATION

CINEMA SHORES, LLC
5497 ST HWY 361 UNIT 26,
Port Aransas, TX, 78373

DEAR CINEMA SHORES, LLC,

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

5497 ST HWY 361 UNIT 26, Port Aransas, TX, 78373

As of today, we have not received the premium of **\$ 21**

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

	Requested Coverage Amount	Reduced Coverage Amount
Building	\$ 250,000	\$ 226,000
Contents	\$ 50,000	\$ 45,000

If the remaining payment of **\$ 21** is received by 12/06/2024, 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. First State Bank
2. Bryan Richter

Make check or money order payable to Texas Farmers Insurance Company - PO BOX 2057, Kalispell, MT, 59903. Want to overnight your payment? Texas Farmers 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 : Bryan Richter
AGENCY : Bryan Richter
PHONE : (361) 749-4940

Date Mailed: 11-07-2024





Texas Farmers Insurance Company
PO Box 2057 Kalispell MT 59903 USA

Texas Farmers Insurance Company
<https://www.farmers.com/>
(888) 391-2810
NAIC# : 21660

PROPERTY ADDRESS #:	5497 ST HWY 361 UNIT 26, Port Aransas, TX, 78373	POLICY FORM:	Dwelling Policy
POLICY #:	FLD1660097392	POLICY DECLARATIONS TYPE:	New Policy Declarations
NFIP POLICY #:	1660097392		
POLICY TERM:	11-06-2024 (At time of loan closing) - 11-06-2025 (12:01 AM)	RATE CATEGORY :	RatingEngine
POLICY ISSUED BY:	Texas Farmers Insurance Company		
PAYOR:	CINEMA SHORES, LLC		

INSURED NAME & MAILING ADDRESS

CINEMA SHORES, LLC
220 WEDGE WOOD ST.,
Lake Jackson, TX, 77566

AGENT CONTACT INFORMATION

Bryan Richter
PO BOX 59, Port Aransas, TX, 78373

Phone : 3617494940

FLOOD INSURANCE POLICY DECLARATIONS

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

Policy Coverages & Endorsements

	COVERAGE	DEDUCTIBLE	
Building	\$ 226,000	\$ 1,250	\$ 875
Contents	\$ 45,000	\$ 1,000	
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)	11.3
Method Used to Determine FFH	EC
Property Description	Elevated with enclosure on piers, posts & piles, 1 Floors , Frame
Date of Construction	01-01-2023
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:	\$ 348
Contents Premium:	\$ 165
Increased Cost of Compliance (ICC) Premium:	\$ 10
Community Rating System Discount:	\$ (33.00)
Full-Risk Premium:	\$ 490
Discounted Premium:	\$ 490
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 88
HFIAA Surcharge:	\$ 250
Federal Policy Fee:	\$ 47
Total Premium	\$ 875

ADDITIONAL INTERESTS

First Mortgagee

First State Bank,
PO BOX 577,
Clute, TX, 77531
Loan # : 111877

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](https://www.floodsmart.gov)

Date Mailed: 11-07-2024





COVERAGE ADJUSTMENT NOTICE

Texas Farmers Insurance Company
PO Box 2057 Kalispell MT 59903 USA

Texas Farmers Insurance Company
<https://www.farmers.com/>
(888) 391-2810
NAIC# : 21660

PROPERTY ADDRESS : 5497 ST HWY 361 UNIT 26, Port Aransas, TX, 78373
POLICY # : FLD1660097392
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POLICY ISSUED BY : Texas Farmers Insurance Company
POLICY TERM : 11-06-2024 (At time of loan closing) - 11-06-2025 (12:01 AM)
PAYOR : CINEMA SHORES, LLC

INSURED NAME & MAILING ADDRESS

CINEMA SHORES, LLC

220 WEDGE WOOD ST., Lake Jackson, TX, 77566

PAYOR CONTACT INFORMATION

CINEMA SHORES, LLC

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Port Aransas, TX, 78373

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

AGENT : Bryan Richter
AGENCY : Bryan Richter
PHONE : 3617494940

Date Mailed: 11-07-2024

