

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>ARTIE BELSER</u>	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>456 EMILY AVE</u>	Company NAIC Number: _____
City: <u>WHISTLER</u> State: <u>AL</u> ZIP Code: <u>36612</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>PARCEL ID: 2210440002022, MOBILE COUNTY, ALABAMA</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>RESIDENTIAL</u>	
A5. Latitude/Longitude: Lat. <u>30° 45' 50.09" N</u> Long. <u>88° 06' 14.96" 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 0438</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>20.2 FEET</u>
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input 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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456 EMILY AVE

City: WHISTLER

State: AL

ZIP Code: 36612

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): 25.77 ☒ 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): 25.73 ☒ feet ☐ meters

f) Lowest Adjacent Grade (LAG) next to building: ☐ Natural ☒ Finished 18.6 ☒ feet ☐ meters

g) Highest Adjacent Grade (HAG) next to building: ☐ Natural ☒ Finished 23.9 ☒ feet ☐ meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: 20.0 ☒ 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

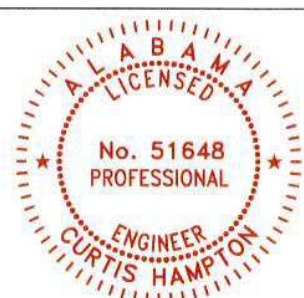
Company Name: COBALT ENGINEERING & INSPECTIONS

Address: 12005 DELANY ROAD

City: LA MARQUE State: TX ZIP Code: 77568

Signature: _____ Date: 11/01/2024

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

1. TBM EL = 15.49 FEET; SET PK NAIL IN CENTER OF EMILY AVE IN FRONT OF PROPERTY
2. CENTERLINE STREET EL = 15.49 FEET (EMILY AVE)
3. BFE(100-YR) = 20.2 FEET (FIS: EIGHTMILE CREEK)
4. SECTION C2e IS USED FOR THE A/C PAD

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456 EMILY AVE

City: WHISTLER State: AL ZIP Code: 36612

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.:

456 EMILY AVE

City: WHISTLER

State: AL

ZIP Code: 36612

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

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.:

456 EMILY AVE

City: WHISTLER

State: AL

ZIP Code: 36612

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.:
456 EMILY AVE

City: WHISTLER State: AL ZIP Code: 36612

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 (10/31/2024)**

Clear Photo One



Photo Two

Photo Two Caption: **RIGHT (10/31/2024)**

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.:
456 EMILY AVE

City: WHISTLER State: AL ZIP Code: 36612

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo Three

Photo Three Caption: **REAR (10/31/2024)**

Clear Photo Three



Photo Four

Photo Four Caption: **LEFT (10/31/2024)**

Clear Photo Four



Home Recovery Alabama Program (HRAP) Selection Sheet

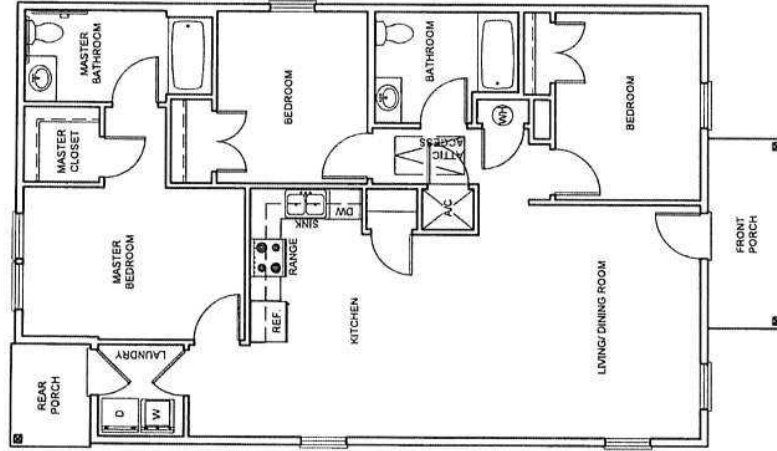


Floorplan: Longspur (Reduced), 3 Bedroom, 2 Bathroom, 1,288 SF

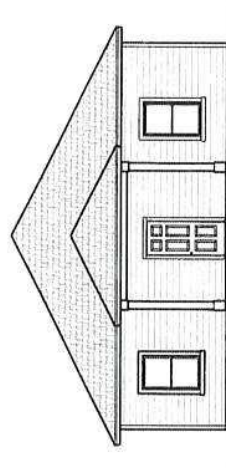
Exterior Style

Administrative Data

AB Initial



AB Standard Mirrored



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: Artie Belser Date: 7/9/2024

Co-Applicant Signature: _____ Date: _____

GC Rep Signature: Patumkell Date: 7-9-24

HRAP Signature: Jacquie Taylor Date: 7/17/2024

FloodRisk Standard

Provided Location	456 EMILY AVE, MOBILE, AL 36612		
Standardized Location	456 EMILY AVE, MOBILE, AL 36612-1542		
Latitude, Longitude	30.763893, -88.104148	Parcel ID	2210440002022.000
FIPS / MSA / Tract	01097 / 33660 / 50	Community No.	010170
Community Name	PRICHARD, CITY OF		
County Name	MOBILE		



Flood Zone	Zone AE		Next Nearest Zone (Dist.)	X500 (2 ft)	
BFE	20.2 Feet NAVD88 (20.19 ft NGVD29)		USGS Ground Elev	19 ft NAVD88	
FEMA Map	01097C0438L, 06/05/2020		Previous Map	01097C0438K, 03/17/2010, Zone AE	
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*	48	NFIP Discount	N/A
Flood Source	65 ft	Salt Water	36499 ft	Fresh Water	127 ft

*Aggregated by NFIP community.

STANDARD FLOOD INSURANCE
APPLICATION

Date	Application Number	Effective Date	Expiration Date	Waiting Period
11-04-2024	FLD1186000268	12-04-2024	12-04-2025	Standard - 30 Day Wait
Insured Name(s) ARTIE BELSER	Mailing Address & Phone 456 Emily Ave, Mobile, AL, 36612 Home Phone: Work Phone: Cell Phone: (251)943-8526 Email: lauriegilbert@baldwinmutual.com	Property Address 456 EMILY AVE, Mobile, AL, 36612 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: 0438 Map Panel Suffix: L Current Flood Zone: AE Current Base Flood Elevation(BFE): 20.2 FIRM Date: 02-04-1981 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: 02-04-1981 Has This Property Been Remapped?: Map Revision Date:		
Construction Date Date of Original Construction: 07-17-2024 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 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		



STANDARD FLOOD INSURANCE
APPLICATION

PO Box 2057, Kalispell, MT, 59903

(800) 610-1521

Date	Application Number	Effective Date	Expiration Date	Waiting Period
11-04-2024	FLD1186000268	12-04-2024	12-04-2025	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?: NO		
Elevation Certificate Information Elevation Certificate Section Used:C Elevation Certificate Date:11-01-2024 Diagram Number:5 Top of Bottom Floor:25.7 Top of Next Higher Floor: Lowest Adjacent Grade (LAG):18.6		Floodproofing Certificate: Flood Proofing Elevation: Lowest (Rating) Floor Elevation: Elevation Certificate First Floor Height: 7.1 FEMA First Floor Height: 7.1 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:	\$ 430.00
Content	0.00	0.00	Content Premium:	\$ 0.00
			Increased Cost of Compliance (ICC) Premium:	\$ 8.00
			Mitigation Discount:	\$ 0.00
			Community Rating System Reduction:	\$ 0.00
			Full Risk Premium:	\$ 438.00
			Annual Increase Cap Discount:	\$ 0.00
			Newly Mapped Discount:	\$ 0.00
			Pre-Firm Discount:	\$ 0.00
			Discounted Premium:	\$ 438.00
			Reserve Fund Assessment:	\$ 79.00
			HFIAA Surcharge:	\$ 25.00
			Federal Policy Fee:	\$ 47.00
			Probation Surcharge:	\$ 0.00
			Total Quoted Premium	\$ 589.00

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date





Flood Insurance Payment Confirmation Receipt

Quote Number: TMP241104851328

Policy Number: FLD1186000268

Insured Name: ARTIE BELSER

Property Address: 456 EMILY AVE, Mobile, AL, 36612

Transaction Date: 11/05/2024

Remittance ID: 27J25A7T

Premium Paid: \$589

Look Up a ZIP Code[™]

ZIP Code[™] by Address / ZIP Code[™] by City and State /

Cities by ZIP Code[™]

For more rapid delivery, please use the recommended or recognized city names whenever possible for thi

You entered:

36612

RECOMMENDED CITY NAME

OTHER CITY NAMES RECOGNIZED FOR ADDRESSES IN THIS

MOBILE AL

WHISTLER AL

PROPERTY ADDRESS #:	456 EMILY AVE, Mobile, AL, 36612	POLICY FORM:	Dwelling Policy
POLICY #:	FLD1186000268	POLICY DECLARATIONS TYPE:	New Policy Declarations
NFIP POLICY #:	1186000268		
POLICY TERM:	12-04-2024 (12:01 AM) - 12-04-2025 (12:01 AM)	RATE CATEGORY :	RatingEngine
POLICY ISSUED BY:	BALDWIN MUTUAL INSURANCE COMPANY		
PAYOR:	ARTIE BELSER		

INSURED NAME & MAILING ADDRESS	AGENT CONTACT INFORMATION
ARTIE BELSER 456 Emily Ave, Mobile, AL, 36612	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	\$ 250,000	\$ 1,250	\$ 575
Contents	\$ 0	\$ 0	
Coverage limitations may apply. See your Policy Form for details.			Total Annual Payment
			Includes Premium, Discounts, Fees, and Surcharges

Property Information

Primary Residence	YES
Building Occupancy	Single Family
Building Description	Main House/Building
First Floor Height (FFH)	7.1
Method Used to Determine FFH	EC
Property Description	Elevated without enclosure on piers, posts & piles, 1 Floors , Frame
Date of Construction	07-17-2024
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:	\$ 430
Contents Premium:	\$ 0
Increased Cost of Compliance (ICC) Premium:	\$ 8
Mitigation Discounts:	\$ (12.00)
Community Rating System Discount:	\$ 0
Full-Risk Premium:	\$ 426
Discounted Premium:	\$ 426
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 77
HFIAA Surcharge:	\$ 25
Federal Policy Fee:	\$ 47
Total Premium	\$ 575

ADDITIONAL INTERESTS

