

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>LOLIA WATSON</u>	Policy Number: _____		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>932 ROSEDALE AVE</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>LOT 3, BLOCK 3, RESUBDIVISION OF LOT 6 CONNELLY TRACT (PARCEL ID: 2210440015094)</u>			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>RESIDENTIAL</u>			
A5. Latitude/Longitude: Lat. <u>30° 44' 16.34" N</u> Long. <u>88° 05' 59.13" 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 0551</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>36.2 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			

ELEVATION CERTIFICATE

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
932 ROSEDALE AVE

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.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor):

40.24 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):

40.07 feet meters

f) Lowest Adjacent Grade (LAG) next to building: Natural Finished

34.9 feet meters

g) Highest Adjacent Grade (HAG) next to building: Natural Finished

35.6 feet meters

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

35.4 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

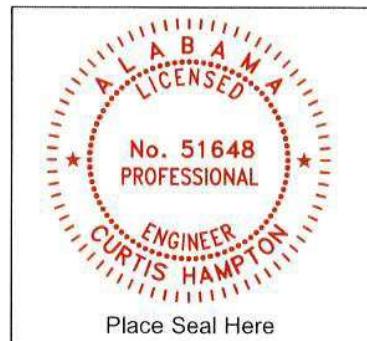
Company Name: COBALT ENGINEERING & INSPECTIONS

Address: 12005 DELANY ROAD

City: LA MARQUE State: TX ZIP Code: 77568

Signature:  Date: 09/24/2024

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 = 35.28 FEET; SET PK NAIL IN CENTER OF ROSEDALE AVE IN FRONT OF PROPERTY
2. CENTERLINE STREET EL = 35.28 FEET (ROSEDALE AVE)
3. SECTION C2a & C2e ARE BASED ON 2 FEET ABOVE BFE(100-YR); SECTION C2e IS USED FOR THE A/C PAD
4. BFE(100-YR) = 36.2 FEET (FIS: TOULMIN'S SPRING BRANCH)

ELEVATION CERTIFICATE

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
932 ROSEDALE AVE

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.: 932 ROSEDALE AVE	FOR INSURANCE COMPANY USE
City: PRICHARD State: AL ZIP Code: 36610	Policy Number: _____ Company NAIC Number: _____
SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)	
<p>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:</p>	
G1. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> A local official completed Section H for insurance purposes.	
G3. <input type="checkbox"/> In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.	
G4. <input type="checkbox"/> 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: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement	
G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum: _____	
G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum: _____	
G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum: _____	
G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum: _____	
G11. Variance issued? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach documentation and describe in the Comments area.	
<p>The local official who provides information in Section G must sign here. <i>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.</i></p>	
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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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 932 ROSEDALE AVE	FOR INSURANCE COMPANY USE
City: PRICHARD State: AL ZIP Code: 36610	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:

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.: 932 ROSEDALE AVE	FOR INSURANCE COMPANY USE	
City: PRICHARD	State: AL	ZIP Code: 36610
		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 (09/23/2024)

[Clear Photo One](#)



Photo Two

Photo Two Caption: RIGHT (09/23/2024)

[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.:
932 ROSEDALE AVE

City: PRICHARD State: AL ZIP Code: 36610

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 (09/23/2024)



Photo Four

Photo Four Caption: LEFT (09/23/2024)



Home Recovery Alabama Program (HRAP) Selection Sheet

Floorplan: MAGNOLIA II, 3 Bedroom, 1 Bathroom, 1,441 S.F.

HORNE		Administrative Data	
		Applicant Number: <u>AL-HRAP-446894</u>	Applicant Name: <u>Lola Watson</u>
		Co-Applicant Name:	
		Address: <u>932 Rosedale Ave.</u>	<u>Richard Al. 36610.</u>
Exterior Style Selection:		Utilities	
<input type="checkbox"/> Initial 		<input type="checkbox"/> All Electric <input checked="" type="checkbox"/> Electric plus Natural Gas <input checked="" type="checkbox"/> City Water <input checked="" type="checkbox"/> City Sewer <input type="checkbox"/> Propane <input type="checkbox"/> Septic <input type="checkbox"/> Well	
<input type="checkbox"/> Initial 		<input type="checkbox"/> All Electric <input checked="" type="checkbox"/> Electric plus Natural Gas <input checked="" type="checkbox"/> City Water <input checked="" type="checkbox"/> City Sewer <input type="checkbox"/> Propane <input type="checkbox"/> Septic <input type="checkbox"/> Well	
<input type="checkbox"/> Initial 		<input type="checkbox"/> All Electric <input checked="" type="checkbox"/> Electric plus Natural Gas <input checked="" type="checkbox"/> City Water <input checked="" type="checkbox"/> City Sewer <input type="checkbox"/> Propane <input type="checkbox"/> Septic <input type="checkbox"/> Well	
Is the Home equipped with. (for disconnect only) Home Recovery Alabama Program (HRAP) will be providing all ELECTRIC appliance. No gas lines will be provided.			
Signatures <p>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.</p> <p>Applicant Signature: <u>Lola Watson</u> Date: <u>10/19/2024</u></p> <p>Co-Applicant Signature: <u>John W. W.</u> Date: <u>10/19/2024</u></p> <p>Habitat for Humanity House Deed Date: <u>4/30/2024</u></p>			
 <input type="checkbox"/> Standard <input checked="" type="checkbox"/> Mirrored			

STANDARD FLOOD INSURANCE APPLICATION

BALDWIN MUTUAL
INSURANCE COMPANY
<https://www.baldwinmutual.com/>

(800) 610-1521

PO Box 2057, Kalispell, MT, 59903

Date	Application Number	Effective Date	Expiration Date	Waiting Period
11-01-2024	FLD1186000256	12-02-2024	12-02-2025	Standard - 30 Day Wait
Insured Name(s) LOLIA WATSON	Mailing Address & Phone 932 Rosedale Ave, Prichard, AL, 36610 Home Phone: Work Phone: Cell Phone: (251)943-8526 Email: lauriegilbert@baldwinmutual.com	Property Address 932 ROSEDALE AVE, 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: 0551 Map Panel Suffix: L Current Flood Zone: AE Current Base Flood Elevation(BFE): 36.2 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: 04-29-2024 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?:
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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
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Date:

APC PRV 07 21



STANDARD FLOOD INSURANCE APPLICATION

BALDWIN MUTUAL
INSURANCE COMPANY
<https://www.baldwinmutual.com/>

PO Box 2057, Kalispell, MT, 59903

(800) 610-1521

Date	Application Number	Effective Date	Expiration Date	Waiting Period
11-01-2024	FLD1186000256	12-02-2024	12-02-2025	Standard - 30 Day Wait

Building Information	Building Located Over Water: Not over Water
Building Located In CBRS/OPA: NO	Building in Course of Construction: NO
CBRS/OPA Designation Date:	Building Construction Type: Frame
If the building is in the buffer zone, did USFWS issue an official determination showing the building outside the system unit or OPA?:	Construction Type Description:
Is the building use consistent with the protected area purpose?:	Estimated Building Replacement Cost: 250000
Prior NFIP Claims:	Replacement Cost Value Returned by FEMA: 221474
Building Severe Repetitive Loss (SRL)	Total sq. footage of building: 1441
Property:	Total # of floors in building: 1
Property on NFIP SRL list, Document(s) provided indicating non-SRL:	Total # of units in building: 1
Coverage Req'd for Disaster Assistance:	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	Mobilehome/Travel Trailer Information
Foundation: Elevated without enclosure on piers, posts & piles	On Permanent Foundation:
Enclosure/Crawlspace Size:	Anchored By:
Number of Elevators:	Serial Number:

Venting Information (excluding V-Zones)	Area of Permanent Openings (Sq. In.):
Enclosure/Crawlspace Has Valid Flood Openings:	Has Engineered Openings:

Building Machinery, Equipment and Appliances	Does the building contain machinery and equipment servicing the building?:
Does the building contain appliances?:	Is all machinery and equipment servicing the building, located inside or outside the building, elevated above the first floor?: YES
Are all appliances elevated above the first floor?:	

Elevation Certificate Information	Floodproofing Certificate:
Elevation Certificate Section Used: C	Flood Proofing Elevation:
Elevation Certificate Date: 09-24-2024	Lowest (Rating) Floor Elevation:
Diagram Number: 5	Elevation Certificate First Floor Height: 5.3
Top of Bottom Floor: 40.2	FEMA First Floor Height: 5.3
Top of Next Higher Floor:	First Floor Height Method Used: EC
Lowest Adjacent Grade (LAG): 34.9	

Premium Calculations

RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	AMOUNT DUE
Building	250,000.00	1,250.00	Building Premium:	\$ 486.00
Content	0.00	0.00	Content Premium:	\$ 0.00
			Increased Cost of Compliance (ICC) Premium:	\$ 9.00
			Mitigation Discount:	\$ (15.00)
			Community Rating System Reduction:	\$ 0.00
			Full Risk Premium:	\$ 480.00
			Annual Increase Cap Discount:	\$ 0.00
			Newly Mapped Discount:	\$ 0.00
			Pre-Firm Discount:	\$ 0.00
			Discounted Premium:	\$ 480.00
			Reserve Fund Assessment:	\$ 86.00
			HFIAA Surcharge:	\$ 25.00
			Federal Policy Fee:	\$ 47.00
			Probation Surcharge:	\$ 0.00
			Total Quoted Premium	\$ 638.00

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

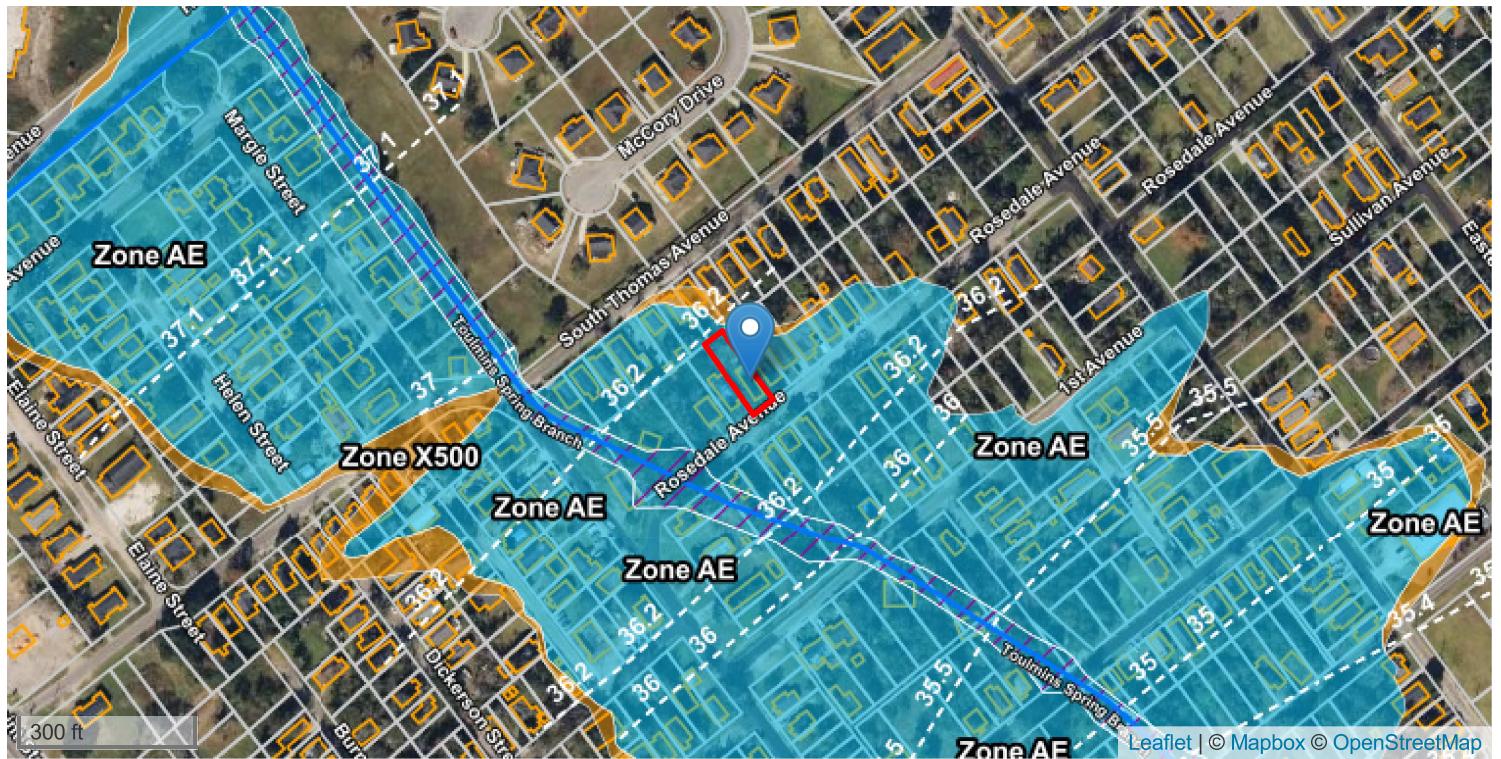
Date:

APC PRV 07 21



FloodRisk Standard

Provided Location	932 ROSEDALE AVE, PRICHARD, AL 36610		
Standardized Location	932 ROSEDALE AVE, PRICHARD, AL 36610-2809		
Latitude, Longitude	30.737849, -88.099748	Parcel ID	2210440015094.000
FIPS / MSA / Tract	01097 / 33660 / 40	Community No.	010170
Community Name	PRICHARD, CITY OF		
County Name	MOBILE		



Flood Zone	Zone AE	Next Nearest Zone (Dist.)	X500 (86 ft)		
BFE	36.2 FEET NAVD88 (36.16 ft NGVD29)	USGS Ground Elev	35 ft NAVD88		
FEMA Map	01097C0551L, 06/05/2020	Previous Map	01097C0551K, 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*	44	NFIP Discount	N/A
Flood Source	203 ft	Salt Water	30370 ft	Fresh Water	234 ft

*Aggregated by NFIP community.



Flood Insurance Payment Confirmation Receipt

Quote Number: TMP241030814925

Policy Number: FLD1186000256

Insured Name: LOLIA WATSON

Property Address: 932 ROSEDALE AVE, Prichard, AL, 36610

Transaction Date: 11/01/2024

Remittance ID: 27IV62E4

Premium Paid: \$638



PROPERTY ADDRESS #: 932 ROSEDALE AVE, Prichard, AL, 36610
POLICY #: FLD1186000256
NFIP POLICY #: 1186000256
POLICY TERM: 12-02-2024 (12:01 AM) - 12-02-2025 (12:01 AM)
POLICY ISSUED BY: BALDWIN MUTUAL INSURANCE COMPANY
PAYOR: LOLIA WATSON

BALDWIN MUTUAL INSURANCE COMPANY
PO Box 2057 Kalispell MT 59903 USA

BALDWIN MUTUAL INSURANCE COMPANY

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

(800) 610-1521

NAIC# : 31186

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

INSURED NAME & MAILING ADDRESS

LOLIA WATSON
932 Rosedale Ave,
Prichard, AL, 36610

AGENT CONTACT INFORMATION

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	\$ 638
Building	\$ 250,000	\$ 1,250
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)	5.3
Method Used to Determine FFH	EC
Property Description	Elevated without enclosure on piers, posts & piles, 1 Floors , Frame
Date of Construction	04-29-2024
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:	\$ 486
Contents Premium:	\$ 0
Increased Cost of Compliance (ICC) Premium:	\$ 9
Mitigation Discounts:	\$ (15.00)
Community Rating System Discount:	\$ 0
Full-Risk Premium:	\$ 480
Discounted Premium:	\$ 480
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 86
HFIAA Surcharge:	\$ 25
Federal Policy Fee:	\$ 47
Total Premium	\$ 638

ADDITIONAL INTERESTS

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: 11-05-2024

