



ROY T GARCIA

1213 E ALTON GLOOR BLVD STE A  
BROWNSVILLE, TX 78526-3906



SEPTEMBER 05, 2023

MR BENAJMIN OJEDA  
161 PALACE AVE  
SAN BENITO, TX 78586-0184

Policy Number: 3000244240

Insured(s): MR BENAJMIN OJEDA

Property Location: 161 PALACE AVE  
SAN BENITO, TX 78586-0184

### **Flood Insurance Policy Packet**

#### **This packet includes:**

- **Your Flood Insurance Declarations Page**
- **A National Flood Insurance Program Summary of Coverage**
- **Claims Guidelines in Case of a Flood**

If you would like to electronically view or print a copy of the Standard Flood Insurance Policy, please visit <https://cypresspc.manageflood.com>, click View Important Flood Documents link and select from the list of documents. Your consent to this policy delivery option is assumed, unless you contact us to request a mailed or e-mailed copy of the policy.

If you would like a copy of the Standard Flood Insurance Policy e-mailed or mailed to you, please contact our customer service team at 888-532-3004 or [cypressscs@torrentcorp.com](mailto:cypressscs@torrentcorp.com).

### **Important Information About The National Flood Insurance Program**

Federal law requires insurance companies that participate in the National Flood Insurance Program to provide you with the enclosed Summary of Coverage. It's important to understand that the Summary of Coverage provides only a general overview of the coverage afforded under your policy. You will need to review your flood insurance policy, Declarations Page, and any applicable endorsements for a complete description of your coverage. The enclosed Declarations Page indicates the coverage you purchased, your policy limits and the amount of your deductible.

You will soon receive additional information about the National Flood Insurance Program. This information will include a Claims Handbook, a history of flood losses that have occurred on your property as contained in FEMA's data base, and an acknowledgement letter.

If you have any questions about your flood insurance policy, please contact your agent or your insurance company.

## **CLAIM GUIDELINES IN CASE OF A FLOOD**

For the protection of you and your family, the following claim guidelines are provided by the National Flood Insurance Program (NFIP). If you are ever in doubt as to what action is needed, consult your insurance representative.

Insurance Agent: ROY T GARCIA

Agent's Phone Number: (956) 541-4939

- Notify us or your insurance agent, in writing, as soon as possible after the flood.
- Your claim will be assigned to an NFIP certified adjuster.
- Identify the claims adjuster assigned to your claim and contact him or her if you have not been contacted within 24 hours after you reported the claim to your insurance representative.
- As soon as possible, separate damaged property from undamaged property so that damage can be inspected and evaluated.
- To help the claims adjuster, take photographs of the outside of the premises showing the flooding and the damage and photographs of the inside of the premises showing the height of the water and the damaged property.
- Place all account books, financial records, receipts, and other loss verification material in a safe place for examination and evaluation by the claims adjuster.
- Work cooperatively with the claims adjuster to promptly determine and document all claim items. Be prepared to advise the claims adjuster of the cause and responsible party(ies) if the flooding resulted from other than natural cause.
- Make sure that the claims adjuster fully explains, and that you fully understand, all allowances and procedures for processing claim payments. This policy requires you to send us a signed and sworn-to, detailed proof of loss within 60 days after the loss.
- Any and all coverage problems and claim allowance restrictions must be communicated directly from the NFIP. Claims adjusters are not authorized to approve or deny claims; their job is to report to the NFIP on the elements of flood cause and damage.

At our option, we may accept an adjuster's report of the loss instead of your proof of loss. The adjuster's report will include information about your loss and the damages to your insured property.



ROY T GARCIA  
1213 E ALTON GLOOR BLVD STE A  
BROWNSVILLE, TX 78526-3906

Agency Phone: (956) 541-4939

NFIP Policy Number:	3000244240
Company Policy Number:	3000244240
Agent:	ROY T GARCIA
Payor:	FIRST MORTGAGEE
Policy Term:	10/02/2023 12:01 AM - 10/02/2024 12:01 AM
Policy Form:	DWELLING POLICY
To report a claim visit or call us at:	<a href="https://cypresspc.manageflood.com">(877) 254-6819</a>

## RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS	INSURED NAME(S) AND MAILING ADDRESS
MR BENAJMIN OJEDA 161 PALACE AVE SAN BENITO, TX 78586-0184	MR BENAJMIN OJEDA 161 PALACE AVE SAN BENITO, TX 78586-0184

COMPANY MAILING ADDRESS	INSURED PROPERTY LOCATION
HOMESITE INSURANCE COMPANY PO BOX 912470 DENVER, CO 80291-2470	161 PALACE AVE SAN BENITO, TX 78586-0184

RATING INFORMATION	BUILDING DESCRIPTION: MAIN DWELLING
BUILDING OCCUPANCY: SINGLE-FAMILY HOME	BUILDING DESCRIPTION DETAIL: N/A
NUMBER OF UNITS: N/A	DATE OF CONSTRUCTION: 01/01/2019
PRIMARY RESIDENCE: YES	CURRENT FLOOD ZONE: AH
PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 1 FLOOR(S), FRAME CONSTRUCTION	FIRST FLOOR HEIGHT (FEET): 1.4
PRIOR NFIP CLAIMS: 0 CLAIM(S)	FIRST FLOOR HEIGHT METHOD: ELEVATION CERTIFICATE

MORTGAGEE / ADDITIONAL INTEREST INFORMATION	LOAN NO: 4850372360
FIRST MORTGAGEE: HOMELOANSERV, A DIVISION OF IDAHO HOUSING AND FINANCE ISAOA/ATIMA PO BOX 818007 CLEVELAND, OH 44181	LOAN NO: 4850372360
SECOND MORTGAGEE:	LOAN NO: N/A
ADDITIONAL INTEREST:	LOAN NO: N/A
DISASTER AGENCY:	CASE NO: N/A DISASTER AGENCY: N/A

RATE CATEGORY — RATING ENGINE	COMPONENTS OF TOTAL AMOUNT DUE
<u>COVERAGE</u>	<u>DEDUCTIBLE</u>
BUILDING: \$200,000	\$1,250
CONTENTS: \$80,000	\$1,000
COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.	
Please review this declaration page for accuracy. If any changes are needed, contact your agent.	
Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit FloodSmart.gov/floodcosts.	
	BUILDING PREMIUM: \$346.00
	CONTENTS PREMIUM: \$209.00
	INCREASED COST OF COMPLIANCE (ICC) PREMIUM: \$11.00
	MITIGATION DISCOUNT: (\$0.00)
	COMMUNITY RATING SYSTEM REDUCTION: (\$0.00)
	FULL RISK PREMIUM: \$566.00
	ANNUAL INCREASE CAP DISCOUNT: (\$0.00)
	STATUTORY DISCOUNTS: (\$0.00)
	DISCOUNTED PREMIUM: \$566.00
	RESERVE FUND ASSESSMENT: \$102.00
	HFIAA SURCHARGE: \$25.00
	FEDERAL POLICY FEE: \$47.00
	PROBATION SURCHARGE: \$0.00
	TOTAL ANNUAL PREMIUM: \$740.00

IN WITNESS WHEREOF, I have signed this policy below and hereby enter into this Insurance Agreement

Authorized by Fabian Fondriest

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

**Zero Balance Due - This Is Not A Bill**

Policy issued by: HOMESITE INSURANCE COMPANY

Insurer NAIC Number: 17221



File: 29513189

Page 1 of 1



DocID: 225262044

### ***Notice of Insurance Information Practices***

The Homesite Insurance Companies ("Homesite") use information from many sources. This assists us to fairly determine eligibility for our programs and ensure accurate rates for all policies. Using this information also speeds the application process.

How we may collect, use and disclose this information is regulated by law, and we would like you to be aware of our practices and how they may affect your privacy.

Following is a description of the kinds of information we may collect, how we may collect it, and what is done with the information once it has been collected. We also describe how you can find out what information we have about you in our records or files, and how you can correct inaccurate information. We follow these practices with your information whether you are a policyholder, claimant, former policyholder, or just an inquiring consumer.

#### ***What kind of information do we collect about you?***

Most of our information comes directly from you. The information you provide when you call us, complete an application, make a policy change or report a claim gives us most of the information we need to know. This information, of course, includes identifying information such as name and address as well as your type of home and claims history.

With your authorization, we may also obtain information such as credit reports, claims history, and investigative reports from other sources. We may send someone to inspect your property and verify information about the value and condition of the property.

The information we obtain about you may come from other insurance companies, insurance support organizations, or sources such as credit bureaus and property data collection services.

#### ***What do we do with the information collected about you?***

With your authorization, we may disclose your personal information to insurance institutions, agents, insurance support organizations, or others who perform a business, professional, or insurance function for us.

We may, as permitted by law, disclose information about you in our records or files to certain persons or organizations without your prior permission. These include:

- For the purpose of detecting or preventing criminal activity, fraud, material misrepresentation or material nondisclosure in connection with an insurance transaction.
- In response to a law or facially valid administrative or judicial order, including a search warrant or subpoena.
- Businesses, for the purpose of conducting actuarial or research studies.
- Insurance regulatory authorities.
- Our affiliated companies, for the purpose of conducting an audit of our operations or services.
- Healthcare institutions and professionals, to enable them to provide us information in order to determine eligibility for an insurance benefit or payment or to conduct an audit of our operations or services.

The information we obtain about you from a report prepared by an insurance support organization may be retained by the insurance support organization and disclosed to other sources.

#### ***How confidential and secure is the information we have about you?***

Homesite protects the confidentiality of the information that we have about you by restricting access to those employees who need to know that information to provide our products and services to you. We maintain physical electronic and procedural safeguards that comply with federal law and state regulation to guard your information.

#### ***How can you find out what information we have about you?***

You have the right to know what information we have about you in our insurance records or files. To obtain this information, provide to us in writing an identification of yourself and a reasonable explanation of the information you desire. If the information can be reasonably located and obtained, we will inform you of its nature and substance within thirty (30) business days from the day we receive the request. You may personally see and obtain the information, or if you prefer, we will mail the information to you. We will also inform you who has received this information within the last two (2) years, or, if not recorded, to whom such information is normally disclosed.

#### ***What can you do if you disagree with the information we have about you?***

You have the right to make a written request that we correct, delete, or change any recorded information we have about you in our records or files.

If we agree to comply with your request, we will notify you within thirty (30) business days of receiving your request. We will then furnish the amended information to any person you designate, who may have received the information within the past two (2) years, as well as to any person or organization who either supplied us with the information or to whom we disclosed it.

If we are unable to comply with your request, we will notify you within thirty (30) business days of receiving your written request with the reasons for our decision. If you disagree with the reasons for our decision, you have the right to file a concise statement of what you think is correct, relevant or fair information. Your statement will be filed with the disputed information and will be furnished to any person, insurance institution, agent or insurance support organization who either supplied us with information or to whom we disclosed it. Your statement will also be furnished to anyone reviewing the disputed information.

## ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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 BENJAMIN OJEDA AND MARGARITA ISABEL OJEDA				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 161 PALACE AVENUE				Company NAIC Number:	
City SAN BENITO		State Texas		ZIP Code 78586	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 67, BROADWAY PLACE SUBDIVISION, PHASE 1					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>26° 07' 14.80" N</u> Long. <u>97° 37' 03.37" W</u>			Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>1A</u>					
A8. For a building with a crawlspace or enclosure(s): <ul style="list-style-type: none"> <li>a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft</li> <li>b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>          </u></li> <li>c) Total net area of flood openings in A8.b <u>          </u> sq in</li> <li>d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>					
A9. For a building with an attached garage: <ul style="list-style-type: none"> <li>a) Square footage of attached garage <u>468.00</u> sq ft</li> <li>b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>          </u></li> <li>c) Total net area of flood openings in A9.b <u>          </u> sq in</li> <li>d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number CITY OF SAN BENITO - 480113			B2. County Name CAMERON		
B4. Map/Panel Number 48061C0430F	B5. Suffix F	B6. FIRM Index Date 02-16-2018	B7. FIRM Panel Effective/ Revised Date 02-16-2018	B8. Flood Zone(s) AH	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 33 FEET
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
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					

## ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2022

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No. 161 PALACE AVENUE			Policy Number:
City SAN BENITO	State Texas	ZIP Code 78586	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, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: TEXAS RTK COOP NETWORK Vertical Datum: NAVD 1988

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

NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

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

		Check the measurement used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	33.8	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	33.4	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	33.6	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	32.4	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	33.2	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters

### SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by 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.

Certifier's Name **CODY MICHAEL MOORE** License Number **6370**

Title **REGISTERED PROFESSIONAL LAND SURVEYOR**

Company Name **MOORE LAND SURVEYING, LLC**

Address **14216 PALIS DRIVE**

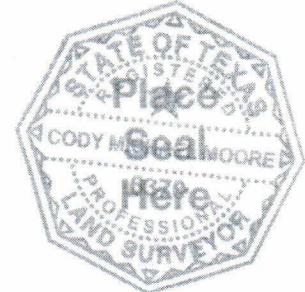
City **LA FERIA** State **Texas** ZIP Code **78559**

Signature  Date **09-16-2020** Telephone **(956) 245-0988** Ext.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

ITEM C2e: LOWEST MACHINERY IS A/C UNIT SERVICING RESIDENCE OUTSIDE NORTH SIDE OF BUILDING.



## ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2022

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 161 PALACE AVENUE			Policy Number:
City SAN BENITO	State Texas	ZIP Code 78586	Company NAIC Number

### SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

Property Owner or Owner's Authorized Representative's Name

Address	City	State	ZIP Code
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Signature	Date	Telephone
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Comments

Check here if attachments.

## ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2022

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 161 PALACE AVENUE			Policy Number:
City SAN BENITO	State Texas	ZIP Code 78586	Company NAIC Number

### SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
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G7. This permit has been issued for:  New Construction  Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

G10. Community's design flood elevation: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

Local Official's Name	Title
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Community Name	Telephone
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Signature	Date
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Comments (including type of equipment and location, per C2(e), if applicable)
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Check here if attachments.

**ELEVATION CERTIFICATE****BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

OMB No. 1660-0008  
Expiration Date: November 30, 2022

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 161 PALACE AVENUE			Policy Number:
City SAN BENITO	State Texas	ZIP Code 78586	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT VIEW - PHOTO TAKEN SEPTEMBER 10, 2020

[Clear Photo One](#)

Photo Two

Photo Two Caption FRONT VIEW - PHOTO TAKEN SEPTEMBER 10, 2020

[Clear Photo Two](#)

**ELEVATION CERTIFICATE****BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1660-0008  
Expiration Date: November 30, 2022

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 161 PALACE AVENUE			Policy Number:
City SAN BENITO	State Texas	ZIP Code 78586	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

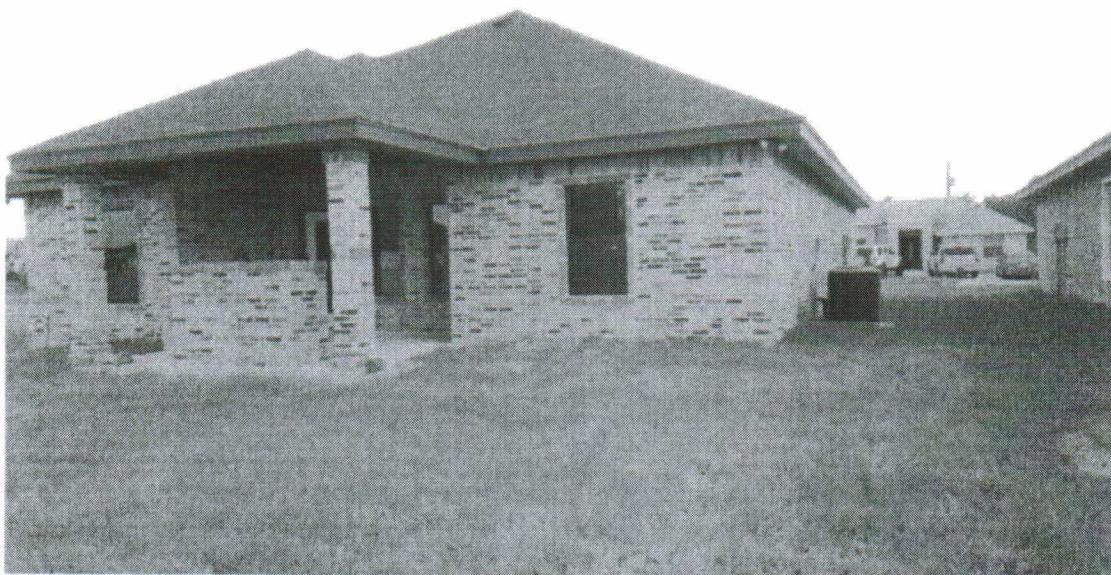


Photo Three

Photo Three Caption REAR VIEW - PHOTO TAKEN SEPTEMBER 10, 2020

 Clear Photo Three

Photo Four

Photo Four Caption REAR VIEW - PHOTO TAKEN SEPTEMBER 10, 2020

 Clear Photo Four



## Flood Insurance Payment Confirmation Receipt

Quote Number: TMP240729234699

Policy Number: FLD1953011417

Insured Name: BENJAMIN OJEDA

Property Address: 161 PALACE AVE, San Benito, TX, 78586

Transaction Date: 10/31/2024

Remittance ID: 27IUGORM

Premium Paid: \$746



Cypress Property & Casualty Insurance Company  
PO Box 2057 Kalispell MT 59903 United States

Cypress Property & Casualty Insurance Company  
<https://cypressig.com>  
(800) 704-4251  
NAIC# : 10953

**PROPERTY ADDRESS #:** 161 PALACE AVE, San Benito, TX, 78586

**POLICY FORM:**

**Dwelling Policy**

**POLICY #:** FLD1953011417

**POLICY DECLARATIONS TYPE:**

**New Policy Declarations**

**NFIP POLICY #:** 1953011417

**POLICY TERM:** 10-02-2024 (12:01 AM) - 10-02-2025 (12:01 AM)

**RATE CATEGORY :**

**RatingEngine**

**POLICY ISSUED BY:** Cypress Property & Casualty Insurance Company

HOMELOANSERV, A DIVISION OF IDAHO HOUSING  
AND FINA

**PAYOR:**

#### INSURED NAME & MAILING ADDRESS

BENJAMIN OJEDA  
161 Palace Ave,  
San Benito, TX, 78586

#### AGENT CONTACT INFORMATION

ROY GARCIA INSURANCE AGENCY  
1213 E ALTON GLOOR BLVD STE A, Brownsville, TX, 78526  
Phone : 956-541-4939

## FLOOD INSURANCE POLICY DECLARATIONS

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

#### Policy Coverages & Endorsements

	COVERAGE	DEDUCTIBLE
Building	\$ 200,000	\$ 1,250
Contents	\$ 80,000	\$ 1,000

Coverage limitations may apply. See your Policy Form for details.

**\$ 693**

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)	1.4
Method Used to Determine FFH	EC
Property Description	Slab on Grade (non-elevated), 1 Floors , Masonry
Date of Construction	01-01-2019
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:	\$ 323
Contents Premium:	\$ 193
Increased Cost of Compliance (ICC) Premium:	\$ 10
Community Rating System Discount:	\$ 0
<b>Full-Risk Premium:</b>	\$ 526
<b>Discounted Premium:</b>	\$ 526
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 95
HFIAA Surcharge:	\$ 25
Federal Policy Fee:	\$ 47
<b>Total Premium</b>	<b>\$ 693</b>

#### ADDITIONAL INTERESTS

First Mortgagee

HOMELOANSERV, A DIVISION OF IDAHO HOUSING AND FINA,  
PO BOX 818007,  
Cleveland, OH, 44181  
Loan # : 4850372360

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: 11-01-2024

