

SECTION A - PROPERTY INFORMATION						
A1. Building Owners Name John & Cristal Villareal Job#3-94686-2	FOR INSURANCE COMPANY USE					
Box No. 4301 & 4305 Lord Road	Policy Number: Crosby ZIP Code State Taxes Tracts 2B-1, 2K-1A & 2DB2G, GF House Survey Abst 1336					
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4301 & 4305 Lord Road	Company NACI Number: Crosby ZIP Code State Taxes Tracts 2B-1, 2K-1A & 2DB2G, GF House Survey Abst 1336					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential	Lat. 29° 57' 43.9"N Long. 95 01.04.4"W 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 5					
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) N/A sq ft b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A8.b N/A sq in d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	A9. For a building with an attached garage: a) Square footage of attached garage N/A sq ft b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A9.b N/A sq in d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NEF Community Name & Community Number Harris County Unincorp 480287	B2. County Name Harris B3. State Texas					
B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM Panel Date B8. Flood Zone(s) B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)	B10. Indicate the source of the Base Flood Elevation (FFE) 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 FFE in item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input checked="" type="checkbox"/> Other/Source: NAVD 1988/2001 ADJ						
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						

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

Important: Follow the instructions on pages 1-9.

## ELEVATION CERTIFICATE

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

U.S. DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
National Flood Insurance Program  
National Flood Insurance Program

 <p><b>RICHARD FUSSELL</b> Survey 1, Inc., Firm Number #100758-00 Address 2408 Mustang Road City Dallas State Texas ZIP Code 75211 Telephone Ext. Signature Alvin</p>		<p>Comments (including type of equipment and location, per C2(e), if applicable)</p> <p>1). Centerline of Street Elevation - 59.19. 2). TBM Location - Mag nail in centerline of Lord Road near the center of property 3). TBM Location - Mag nail in centerline of Lord Road near the center of property 4). C2e used for A/C 5). B8. Flood Zone(s) - X "Shaded" (No BFE), AE (59.1, BFE)</p>	
<p>Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.</p>			

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No       Check here if attachments.  
 Statement may be purifiable by fine or impoundment under 18 U.S. Code, Section 1001.  
 I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement is to be signed and sealed by a land surveyor, engineer, architect authorized by law to certify elevation information.

<b>SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION</b>	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	60.20 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of 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)	N/A <input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describes type of equipment or location in Comments)	58.37 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent grade next to building (LAG)	57.8 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	58.1 <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
<p>This certification is to be signed and sealed by a land surveyor, engineer, architect authorized by law to certify elevation information.</p> <p>Check the measurement used.</p> <p>Datum used for building elevations must be the same as that used for the BFE.</p> <p><input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input checked="" type="checkbox"/> Other/Source: NAVD 1988/2001 ADJ</p> <p>Indicate elevation datum used for the elevations in items a) through h) below.</p> <p>Vertical Datum: NAVD 1988/2001 ADJ</p> <p>Benchmark Utilized: RM-160155</p> <p>Complete items C2-a-h below according to the building diagram specified in item A7. In Puerto Rico only, enter meters.</p> <p>C2. Elevations - Zones A1-A30, AE, AH, A (With BFE), VE, V1-V30, V (With BFE), AR, AR/A, AR/AE, AR/A-30, AR/AH, AR/AO.</p> <p>*A new Elevation Certificate will be required when construction of the building is complete.</p> <p>Building Address (including Apt, Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.</p> <p>Policy Number:</p> <p>Building Address (including Apt, Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.</p> <p>FOR INSURANCE COMPANY USE</p> <p>IMPORTANT: In these spaces, copy the corresponding information from Section A.</p> <p>OMB No. 1660-0008</p> <p>Expiration Date: November 30, 2022</p>	

<b>SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)</b>	
<p>1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction</p> <p>*A new Elevation Certificate will be required when construction of the building is complete.</p> <p>Building Address (including Apt, Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.</p> <p>Policy Number:</p> <p>4301 &amp; 4305 Lord Road</p> <p>Crosby</p> <p>Company NAIC Number 77532</p> <p>State Texas</p> <p>ZIP Code 77532</p> <p>City Crosby</p>	

## ELEVATION CERTIFICATE

Check here if attachments.

ELEVATION CERTIFICATE				
IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:				
FOR INSURANCE COMPANY USE				
OMB No. 1660-0008				
Expiration Date: November 30, 2022				
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)				
FOR ZONE A0 AND ZONE A (WITHOUT BFE)				
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).				
E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below one meter.				
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 diagram(s) 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 serving 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown. The local official must certify this information in Section G.				
Property Owner or Owner's Authorized Representative's Name 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 AC must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.				
SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION				
Comments				
Address	City	State	ZIP Code	Date
Signature _____ Date _____ Telephone _____ 3-29-2021				
Proprietary Owner or Owner's Authorized Representative's Name 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 AC must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.				

Check here if attachments.

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

3-29-2021

Signature

Date

Community Name

Local Official's Name

Title

Telephone

Community Name

Local Official's Name

Title

G10. Community's design flood elevation: \_\_\_\_\_

□ feet □ meters Datum \_\_\_\_\_

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

□ feet □ meters Datum \_\_\_\_\_

G8. Elevation of as-built lowest floor (including basement): \_\_\_\_\_

□ feet □ meters Datum \_\_\_\_\_

G7. This permit has been issued for:  New Construction  Substantial ImprovementG4. Permit Number  G5. Date Permit Issued  G6. Date Certificate of Compliance/Occupancy IssuedG3.  The following information (items G4-G10) is provided for community floodplain management purposes.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.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 Community area below.)

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.

## SECTION G - COMMUNITY INFORMATION (OPTIONAL)

City	Crosby	State	Texas	ZIP Code	Company NAIC Number
Building Street Address (including Apt, Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	4301 & 4305 Lord Road	Policy Number:			

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE

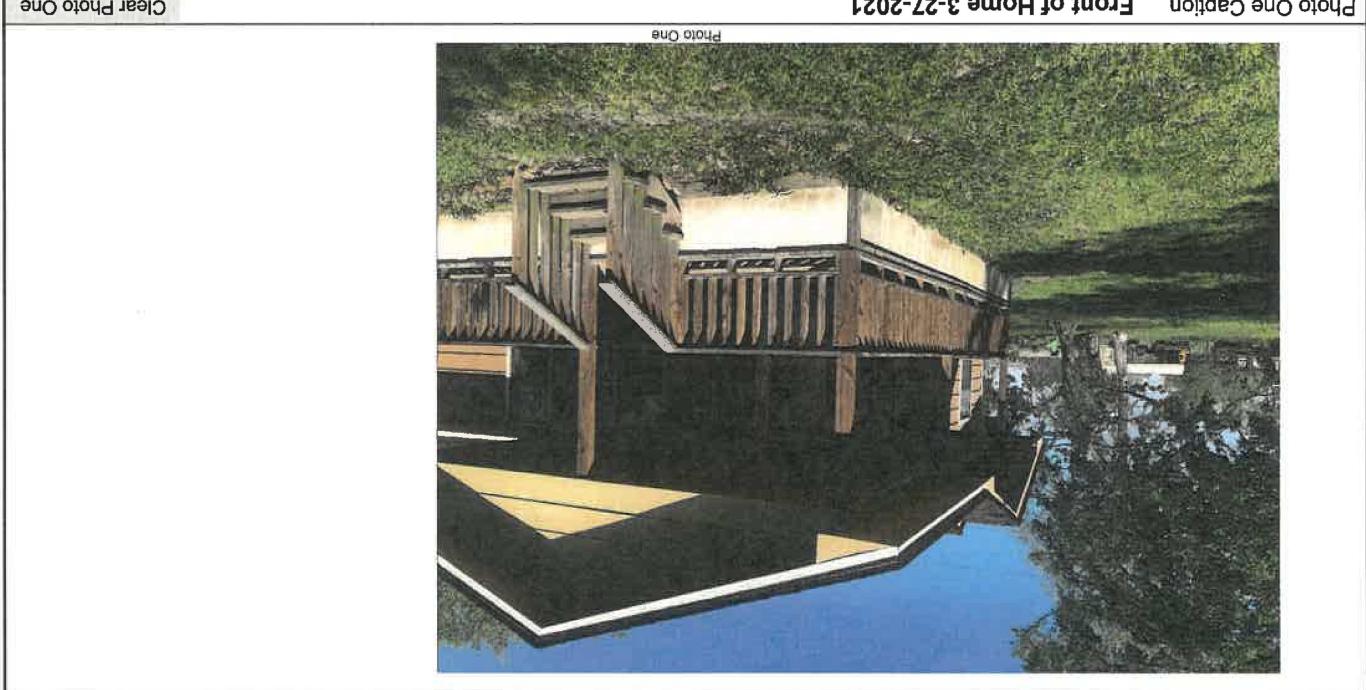
Building Street Address (including Apt, Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

OMB No. 1660-0008

Expiration Date: November 30, 2022

## ELEVATION CERTIFICATE

Photo Two Caption	Back of Home 3-27-2021	Photo Two



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

City	4301 & 4305 Lord Road	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
State	FOR INSURANCE COMPANY USE	FOR INSURANCE COMPANY USE
ZIP Code	Section A	Information from
Company NAIC Number	See instructions for Item A6.	See instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

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

## BUILDING PHOTOGRAPHS

## ELEVATION CERTIFICATE



# STANDARD FLOOD INSURANCE APPLICATION

PO Box 2057, Kalispell, MT, 59903

Foremost Insurance Company

Grand Rapids MI

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

(800) 260-9270

Date	Application Number	Effective Date	Expiration Date	Waiting Period
07-23-2024	FLD1660069915	08-22-2024	08-22-2025	Standard - 30 Day Wait
<b>Insured Name(s)</b> LAKRESHA JOE	<b>Mailing Address &amp; Phone</b> 4305 Lord Rd, Crosby, TX, 77532	<b>Property Address</b> 4305 LORD RD, Crosby, TX, 77532	<b>Agency Name, Address &amp; Phone</b> PO BOX 751525, Dayton, OH, 45475 <b>Email:</b> GASALES@FARMERSINSURANCE.COM <b>Phone Number:</b> 8776380022	
	<b>Home Phone:</b> <b>Work Phone:</b> Cell Phone:7139227114 Email:msdawn.joe@gmail.com	<b>Property Address Type:Location</b>	<b>Agent Name:</b> FARMERS GENERAL INSURANCE AGENCY, INC C/O FARMERS GENERAL INS AGY INC	
<b>Applicant Type:</b> INDIVIDUAL		<b>Other Policy Number:</b>		
<b>Prior Company NAIC:</b>		<b>Potential Duplicate Policy:</b>		
<b>Prior Policy Number:</b>				
<b>Prior Company Name:</b>				
<b>Renewal Billing:</b>				
<b>Current Community Information</b>				
Community Name:HARRIS COUNTY*				
Community Number:480287				
Map Panel:0535				
Map Panel Suffix:L				
Current Flood Zone:AE				
Current Base Flood Elevation(BFE):59				
FIRM Date:05-26-1970				
Program:FLOODREGULAR				
Program Status:				
County:Harris County				
Current Map Date:06-18-2007				
Rating Map Date:				
<b>Prior Community Information</b>				
Community Number:				
Map Panel:				
Map Panel Suffix:				
Flood Zone:				
FIRM Date:05-26-1970				
Has This Property Been Remapped?:				
Map Revision Date:				

**Construction Date**  
Date of Original Construction:01-01-1930  
**Building Substantially Improved:**NO  
**Post-FIRM Construction:**NO  
**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:** YES

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

PO Box 2057, Kalispell, MT, 59903

Foremost Insurance Company

Grand Rapids MI

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

(800) 260-9270

Date	Application Number	Effective Date	Expiration Date	Waiting Period
07-23-2024	FLD1660069915	08-22-2024	08-22-2025	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: Other

Construction Type Description:

Estimated Building Replacement Cost: 250000

Replacement Cost Value Returned by FEMA: 0

Total sq. footage of building: 876

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: Slab on Grade (non-elevated)

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: 03-01-2021

Diagram Number: 5

Top of Bottom Floor: 60.2

Top of Next Higher Floor:

Lowest Adjacent Grade (LAG): 58.3

Floodproofing Certificate:

Flood Proofing Elevation:

Lowest (Rating) Floor Elevation:

Elevation Certificate First Floor Height: 1.9

FEMA First Floor Height:

First Floor Height Method Used:

## Premium Calculations

RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	AMOUNT DUE

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

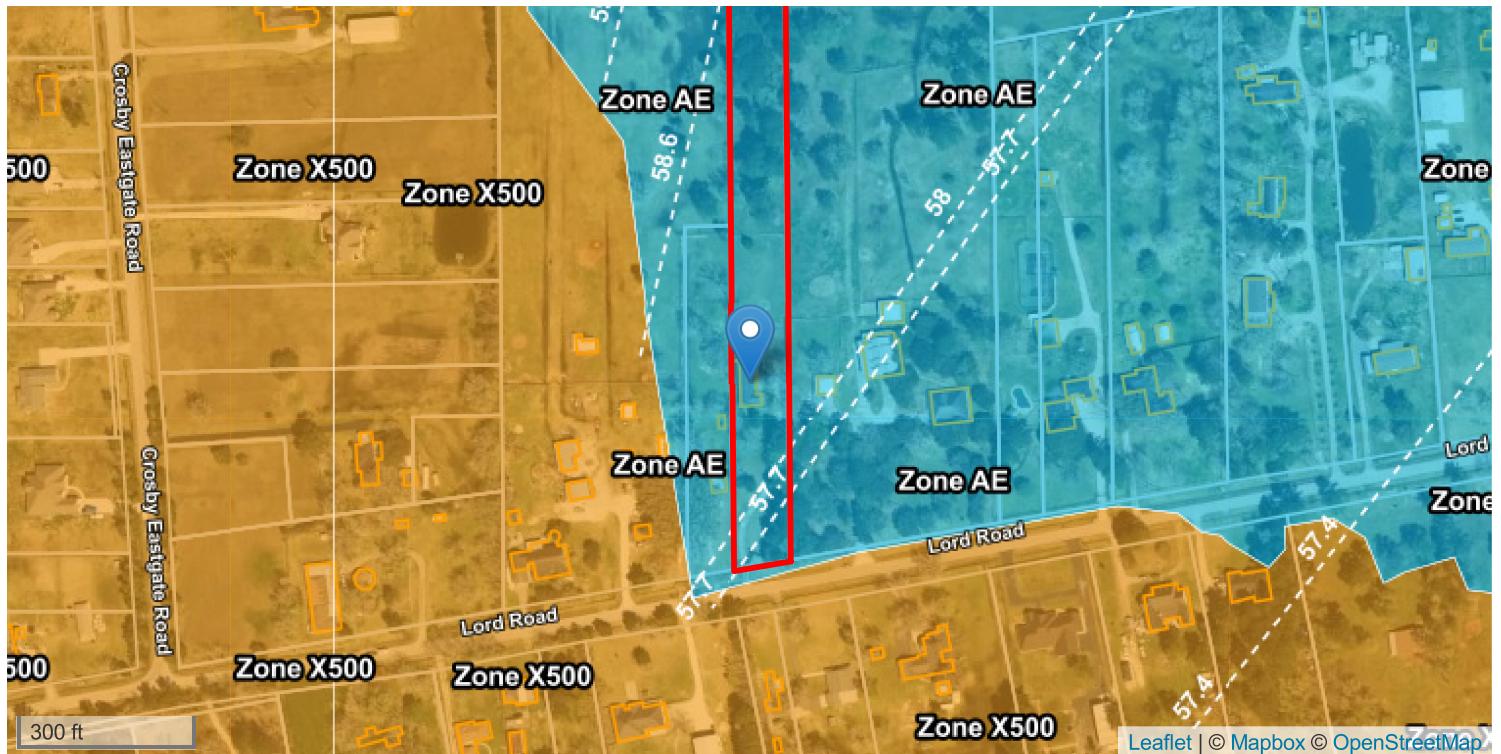
Date:

APC PRV 07 21



## FloodRisk Standard

Provided Location	4305 LORD RD, CROSBY, TX, 77532, US		
Standardized Location	4305 LORD RD, CROSBY, TX 77532-6641		
Latitude, Longitude	29.962241, -95.017895	Parcel ID	04710900000022
FIPS / MSA / Tract	48201 / 26420 / 2518	Community No.	480287
Community Name	HARRIS COUNTY*		
County Name	UNINCORPORATED AREAS		



Flood Zone	Zone AE	Next Nearest Zone (Dist.)	X500 (158 ft)	
BFE	58 Feet NAVD88 (58.00 ft NGVD29)	USGS Ground Elev	59 ft NAVD88	
FEMA Map	48201C0535L, 06/18/2007	Previous Map	NOT AVAILABLE	
NFIP Status	PARTICIPATING	NFIP Program	REGULAR	First FIRM
LOMA or LOMR	NO	CBRS / OPA	NO	EC On-File
Claims* \$ / #	\$2,541,673,027 / 49369	NFIP PIF*	97444	NFIP Discount
Flood Source	2671 ft	Salt Water	>6 miles	Fresh Water
				948 ft

\*Aggregated by NFIP community.



## Flood Insurance Payment Confirmation Receipt

Quote Number: TMP240723653156

Policy Number: FLD1660069915

Insured Name: LAKRESHA JOE

Property Address: 4305 LORD RD, Crosby, TX, 77532

Transaction Date: 07/23/2024

Remittance ID: 27GAHVVM

Premium Paid: \$559













## COVERAGE ADJUSTMENT NOTICE

Foremost Insurance Company Grand  
Rapids MI  
<https://www.foremost.com/>  
(800) 260-9270  
NAIC# : 21660

Foremost Insurance Company Grand Rapids MI  
PO Box 2057 Kalispell MT 59903 USA

PROPERTY ADDRESS : 4305 LORD RD, Crosby, TX, 77532

POLICY # :FLD1660069915

NFIP POLICY # :FLD1660069915

POLICY ISSUED BY :Foremost Insurance Company Grand Rapids MI

POLICY TERM : 08-22-2024 (12:01 AM) - 08-22-2025 (12:01 AM)

PAYOR : LAKRESHA JOE

### INSURED NAME & MAILING ADDRESS

LAKRESHA JOE

4305 Lord Rd, Crosby, TX, 77532

### PAYOR CONTACT INFORMATION

LAKRESHA JOE

4305 LORD RD,  
Crosby, TX, 77532

DEAR LAKRESHA JOE,

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

**4305 LORD RD, Crosby, TX, 77532**

As of today, we have not received the premium of **\$ 36**

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

	Requested Coverage Amount	Reduced Coverage Amount
Building	\$ 110,000	\$ 82,000
Contents	\$ 20,000	\$ 15,000

If the remaining payment of **\$ 36** is received by 11/29/2024, 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. FARMERS GENERAL INSURANCE AGENCY, INC C/O FARMERS GENERAL INS AGY INC

Make check or money order payable to Foremost Insurance Company Grand Rapids MI - PO BOX 2057, Kalispell, MT, 59903. Want to overnight your payment? Foremost Insurance Company Grand Rapids MI - 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 : FARMERS GENERAL INSURANCE AGENCY, INC

AGENCY : FARMERS GENERAL INSURANCE AGENCY, INC C/O FARMERS GENERAL INS AGY INC

PHONE : (877) 638-0022

Date Mailed: 10-31-2024





Foremost Insurance Company Grand Rapids MI  
PO Box 2057 Kalispell MT 59903 USA

Foremost Insurance Company Grand Rapids MI  
<https://www.foremost.com/>  
(800) 260-9270  
NAIC# : 21660

PROPERTY ADDRESS #: 4305 LORD RD, Crosby, TX, 77532

POLICY FORM: Dwelling Policy

POLICY #: FLD1660069915

POLICY DECLARATIONS TYPE: New Policy Declarations

NFIP POLICY #: 1660069915

RATE CATEGORY : RatingEngine

POLICY TERM: 08-22-2024 (12:01 AM) - 08-22-2025 (12:01 AM)

POLICY ISSUED BY: Foremost Insurance Company Grand Rapids MI

PAYOR: LAKRESHA JOE

#### INSURED NAME & MAILING ADDRESS

LAKRESHA JOE & JAMES WATKINS

4305 Lord Rd,

Crosby, TX, 77532

#### AGENT CONTACT INFORMATION

FARMERS GENERAL INSURANCE AGENCY, INC C/O FARMERS  
GENERAL INS AGY INC  
PO BOX 751525, Dayton, OH, 45475  
Phone : 8776380022

## FLOOD INSURANCE POLICY DECLARATIONS

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

#### Policy Coverages & Endorsements

COVERAGE	DEDUCTIBLE	
Building	\$ 82,000	\$ 5,000
Contents	\$ 15,000	\$ 1,000

**\$ 564**

Total Annual Payment

Includes Premium, Discounts, Fees, and Surcharges

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

#### Property Information

Primary Residence	YES
Building Occupancy	Single Family
Building Description	Main House/Building
First Floor Height (FFH)	2.5
Method Used to Determine FFH	FEMA Determined
Property Description	Crawlspac (includes subgrade), 1 Floors , Frame
Date of Construction	01-01-1930
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:	\$ 303
Contents Premium:	\$ 148
Increased Cost of Compliance (ICC) Premium:	\$ 9
Mitigation Discounts:	\$ (4.00)
Community Rating System Discount:	\$ (39.00)
<b>Full-Risk Premium:</b>	\$ 417
<b>Discounted Premium:</b>	\$ 417
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 75
HFIAA Surcharge:	\$ 25
Federal Policy Fee:	\$ 47
<b>Total Premium</b>	<b>\$ 564</b>

#### ADDITIONAL INTERESTS

Additional Insured  
JAMES WATKINS ,  
4305 Lord Rd,  
Crosby, TX, 77532

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](http://FloodSmart.gov)

Date Mailed: 10-31-2024





## COVERAGE ADJUSTMENT NOTICE

Foremost Insurance Company Grand  
Rapids MI  
<https://www.foremost.com/>  
(800) 260-9270  
NAIC# : 21660

Foremost Insurance Company Grand Rapids MI  
PO Box 2057 Kalispell MT 59903 USA

PROPERTY ADDRESS : 4305 LORD RD, Crosby, TX, 77532

POLICY # :FLD1660069915

NFIP POLICY # :FLD1660069915

POLICY ISSUED BY :Foremost Insurance Company Grand Rapids MI

POLICY TERM : 08-22-2024 (12:01 AM) - 08-22-2025 (12:01 AM)

PAYOR : LAKRESHA JOE

### INSURED NAME & MAILING ADDRESS

LAKRESHA JOE

4305 Lord Rd, Crosby, TX, 77532

### PAYOR CONTACT INFORMATION

LAKRESHA JOE

4305 LORD RD,  
Crosby, TX, 77532

DEAR LAKRESHA JOE,

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

4305 LORD RD, Crosby, TX, 77532

As of today, we have not received the premium of **\$ 36**

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

	Requested Coverage Amount	Reduced Coverage Amount
Building	\$ 110,000	\$ 82,000
Contents	\$ 20,000	\$ 15,000

If the remaining payment of **\$ 36** is received by 11/29/2024, 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. FARMERS GENERAL INSURANCE AGENCY, INC C/O FARMERS GENERAL INS AGY INC

Make check or money order payable to Foremost Insurance Company Grand Rapids MI - PO BOX 2057, Kalispell, MT, 59903. Want to overnight your payment? Foremost Insurance Company Grand Rapids MI - 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 : FARMERS GENERAL INSURANCE AGENCY, INC  
AGENCY : FARMERS GENERAL INSURANCE AGENCY, INC C/O FARMERS GENERAL INS AGY INC  
PHONE : 8776380022

Date Mailed: 10-31-2024

