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

OMB No. 1660-0008 Expiration Date: November 30, 2018

# ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

	SECTION A - PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name MWN, LLC.					Policy Number:	
A2. Building Stree Box No. 13639 N. OLA AV		uding Apt., Unit, Suite	e, and/or Bldg. No.) or P.C	). Route and	Company NA	IC Number:
City				ZIP Code		
TAMPA			Florida		33613	
			R Parcel Number, Legal D PA HGTS LAND DEV CO.		SBOROUGH	COUNTY, FLORIDA
A4. Building Use	(e.g., Residenti	al, Non-Residential, A	Addition, Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Long	jitude: Lat. 28°	04'22.14"	Long82°27'47.17"	Horizontal Datur	n: NAD 19	927 × NAD 1983
A6. Attach at leas	st 2 photograph	s of the building if the	Certificate is being used	to obtain flood insur	ance.	
A7. Building Diag	ram Number	9				
A8. For a building	with a crawlsp	ace or enclosure(s):				
a) Square fo	otage of crawls	pace or enclosure(s)	1,723 sq ft			
b) Number o	f permanent floo	od openings in the cra	awlspace or enclosure(s)	within 1.0 foot above	e adjacent gra	de 7
		enings in A8.b 1,3				
d) Engineere	ed flood opening	IS?   Voc  X  N	0			
		ıs? ☐ Yes ⊠ N	0			
A9. For a building			0			
A9. For a building		ed garage:	o sq ft			
A9. For a building a) Square fo	with an attache	ed garage:  ed garage 0		foot above adjacent	grade	0
A9. For a building  a) Square fo  b) Number of	with an attache	ed garage: ed garage 0 od openings in the att	sq ft	foot above adjacent	grade	0
A9. For a building  a) Square fo  b) Number o  c) Total net a	with an attached otage of attached of permanent flo parea of flood op	ed garage: ed garage 0 od openings in the attenings in A9.b	sq ft tached garage within 1.0 to	foot above adjacent	grade	0
A9. For a building  a) Square fo  b) Number o  c) Total net a	with an attache otage of attache	ed garage: ed garage 0 od openings in the attenings in A9.b	sq ft tached garage within 1.0 to	foot above adjacent	grade	0
A9. For a building  a) Square fo  b) Number o  c) Total net a	y with an attached otage of attached of permanent flood area of flood oped and flood opening	ed garage: ed garage 0 od openings in the attenings in A9.b gs? Yes X	sq ft tached garage within 1.0 to			
A9. For a building a) Square fo b) Number o c) Total net a d) Engineere	with an attached otage of attached for permanent floor area of flood opening of flood opening SEI unity Name & Co	ed garage: ed garage 0 od openings in the attenings in A9.b gs? Yes X N CTION B - FLOOD I	sq ft tached garage within 1.0 to 0 sq in	P (FIRM) INFORMA		0 B3. State Florida
A9. For a building a) Square fo b) Number o c) Total net a d) Engineere  B1. NFIP Commu- 120112 HILLSBC	with an attached otage of attached for permanent floor area of flood opening of flood opening SEI unity Name & Co	ed garage: ed garage 0 od openings in the attenings in A9.b gs? Yes X N CTION B - FLOOD I community Number NTY  B6. FIRM Index	sq ft tached garage within 1.0 ft 0 sq in No NSURANCE RATE MA B2. County Nan HILLSBOROUG	P (FIRM) INFORMA	ATION s) B9. Bas	B3. State Florida e Flood Elevation(s)
A9. For a building a) Square fo b) Number o c) Total net a d) Engineers B1. NFIP Commu	with an attached otage of attached for permanent floor area of flood oped flood opening SEI unity Name & COROUGH COUNTY	ed garage: ed garage 0 od openings in the attenings in A9.b gs? Yes N CTION B - FLOOD I community Number stry  B6. FIRM Index Date	sq ft tached garage within 1.0 ft 0 sq in No NSURANCE RATE MA B2. County Nan HILLSBOROUG B7. FIRM Panel Effective/ Revised Date	P (FIRM) INFORMA ne BH B8. Flood Zone(e	ATION s) B9. Bas (Zor Floo	B3. State
A9. For a building a) Square fo b) Number o c) Total net a d) Engineere  B1. NFIP Commu- 120112 HILLSBC	with an attached otage of attached for permanent floor area of flood oped flood opening SEI unity Name & COROUGH COUNTY	ed garage: ed garage 0 od openings in the attenings in A9.b gs? Yes X N CTION B - FLOOD I community Number NTY  B6. FIRM Index	sq ft tached garage within 1.0 ft 0 sq in NSURANCE RATE MAI B2. County Nam HILLSBOROUG B7. FIRM Panel Effective/	P (FIRM) INFORMA ne GH	ATION s) B9. Bas (Zor	B3. State Florida e Flood Elevation(s) he AO, use Base
A9. For a building a) Square fo b) Number o c) Total net a d) Engineere  B1. NFIP Commu 120112 HILLSBC 34. Map/Panel Number 12057C 0204	with an attach otage of attach of permanent flo area of flood opening SE unity Name & C OROUGH COUN  B5. Suffix  H	ed garage: ed garage 0 od openings in the attenings in A9.b gs? Yes X N CTION B - FLOOD I community Number NTY  B6. FIRM Index Date 09/27/2013	sq ft tached garage within 1.0 ft 0 sq in No NSURANCE RATE MA B2. County Nan HILLSBOROUG B7. FIRM Panel Effective/ Revised Date 08/28/2008	P (FIRM) INFORM. ne SH  B8. Flood Zone(s	B9. Bas (Zor Floc 44.5'	B3. State Florida e Flood Elevation(s) he AO, use Base
A9. For a building a) Square fo b) Number o c) Total net a d) Engineers  B1. NFIP Commu 120112 HILLSBC  34. Map/Panel Number 12057C 0204  B10. Indicate the	with an attached tage of attached tage of attached for permanent floor area of flood opening SE inity Name & COROUGH COUNTY B5. Suffix H	ed garage: ed garage 0 od openings in the attenings in A9.b gs? Yes X N CTION B - FLOOD I ommunity Number NTY  B6. FIRM Index Date 09/27/2013  Base Flood Elevation	sq ft tached garage within 1.0 ft 0 sq in No NSURANCE RATE MA B2. County Nan HILLSBOROUG B7. FIRM Panel Effective/ Revised Date	P (FIRM) INFORM.  BB. Flood Zone(  AE  depth entered in Ite	B9. Bas (Zor Floc 44.5'	B3. State Florida e Flood Elevation(s) he AO, use Base
A9. For a building a) Square fo b) Number o c) Total net a d) Engineere  B1. NFIP Commu 120112 HILLSBC 34. Map/Panel Number 12057C 0204  B10. Indicate the	with an attache otage of attache otage of attache of permanent floor area of flood opening.  SEI only Name & Corroll Name & Co	ed garage: ed garage0 od openings in the attenings in A9.b gs? YesX N CTION B - FLOOD I community Number NTY  B6. FIRM Index Date 09/27/2013  Base Flood Elevation Community Deter	sq ft tached garage within 1.0 to the sq in No  NSURANCE RATE MA  B2. County Nan HILLSBOROUG B7. FIRM Panel Effective/ Revised Date 08/28/2008  (BFE) data or base flood	P (FIRM) INFORMA ne BH BB. Flood Zone(s AE depth entered in Ite	B9. Bas (Zor Floc 44.5'	B3. State Florida e Flood Elevation(s) he AO, use Base
A9. For a building a) Square fo b) Number o c) Total net a d) Engineers  B1. NFIP Commu 120112 HILLSBC  34. Map/Panel Number 12057C 0204  B10. Indicate the	with an attache otage of attache otage of attache of permanent floor area of flood opening SE unity Name & Corroll Production B5. Suffix H	ed garage: ed garage 0 od openings in the attenings in A9.b gs? Yes X N CTION B - FLOOD I community Number NTY  B6. FIRM Index Date 09/27/2013  Base Flood Elevation Community Deter sed for BFE in Item B	sq ft tached garage within 1.0 to 0 sq in NSURANCE RATE MA B2. County Nan HILLSBOROUG B7. FIRM Panel Effective/ Revised Date 08/28/2008  (BFE) data or base flood mined  Other/Source:	P (FIRM) INFORM.  Decide BH  B8. Flood Zone(state and state and st	B9. Bas (Zor Flood 44.5')  m B9:  Other/Source:	B3. State Florida e Flood Elevation(s) ne AO, use Base d Depth)

#### 13639 N. OLA AVENUE ZIP Code Company NAIC Number TAMPA Florida 33613 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: VA-523 Vertical Datum: NAVD1988 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) 44.7 46.7 x feet meters b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) N/A 🗙 feet 🗌 meters N/A x feet meters d) Attached garage (top of slab) 45 6 e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) x feet meters 45.0 🛘 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 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.

45.3

N/A

Were latitude and longitude in Section A provided by a licensed land surveyor?  $\ oxin Yes \ oxin No$ Check here if attachments. License Number Certifier's Name Miguel A. Cortes Title Company Name V.I.P. Surveying, Inc Address

4034 Laurel Branch Lane ZIP Code City Orlando State 32817 Date 08/01/2016 (407) 810-0838

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) Benchmark Elevation 43.19'. Equipment is A/C Pad outside.

f) Lowest adjacent (finished) grade next to building (LAG)

g) Highest adjacent (finished) grade next to building (HAG) h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support

EC #V11458

**ELEVATION CERTIFICATE** 

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

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, 2018

FOR INSURANCE COMPANY USE

🗙 feet 🗌 meters

x feet meters

QUELA. CORPE

LICENSE LS 5820

SUVEYOR

Policy Number:



# **House Doctors Home Inspection Services**

Ed (813) 263-2654 / David (813) 751-9842 / Phil (813) 787-3466 / Ronelson (954) 860-2232

www.hdinspections.org hdinspect8@gmail.com Inspected By: Ronelson Gustave



# Four Point Inspection Report

Prepared For:

Alejandro Marsan

**Property Address:** 

13639

N Ola Ave

Tampa, FL 33613

Inspected on Tue, Aug 13 2024 at 12:56

# General

A Four Point Inspection is far less in scope than a standard home inspection. It is a limited, visual survey, of the Roof, HVAC, Electrical, and Plumbing systems.

Inspector Signature:

H16873

Inspector License:
Photo of Each Side of Home:









# (General continued)





Year Built: 1940 Approximate Age: 84 Years

Age Based On: Property Appraiser

# Roofing

Inspection Method: Walked Roof/Arms Length Photo of Each Slope:

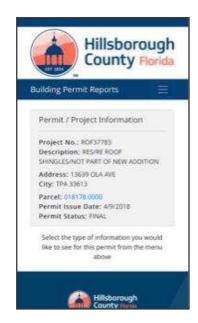




### (Roofing continued)







Roof Design: Gable

Predominant Roof: Dimensional Shingles

Condition: Satisfactory

Approximate Roof Age: 6 Years

Remaining Useful Life: 14 +/- Years
Predominant Roof Last Permit 04/09/2018

Date:

Date of Last Update Predominant 04/09/2018

Roof:

Predominant Roof Last Updated: Full replacement

# (Roofing continued)

Overall Condition: Satisfactory

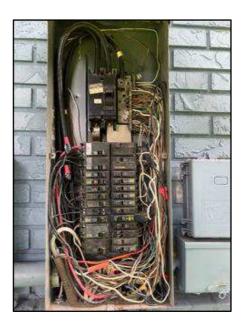
Visible Damage: None Visible Signs Of Leaks: None

# Electrical

Service Panel Location: Exterior

Photo Inside Electrical Panel:





## (Electrical continued)

## Photo Outside of Electrical Panel:



Service Panel Manufacturer: Square D

Condition: Satisfactory

Main Panel Type: Circuit breaker

Condition: Satisfactory

Service Amperage: 200 amps

Amperage Sufficient for Current

Usage:

Branch Circuit Wiring: Non-Metallic Shielded Copper, Stranded Copper

Yes

Condition: Satisfactory

Age of Electrical Panel: 84 Years
Last Year Panel Updated: 2023
Electrical Hazards Present: None

General Condition of Electrical

System:

Satisfactory

# Sub Panel

# **HVAC**

Central AC: Yes
Central Heat: Yes

Photo of Equipment:









HVAC in Good Working Order: Yes

Date of Last Service/Inspection: Unknown
Age of System: 7 Years
Year Last Updated: 2017
Wood Burning Stove Or Gas No

**Furnace Not Professionally** 

Installed:

Space Heater Used As Primary No

Heat Source:

Is Source Portable: No

(HVAC continued)

Signs Of Condensate Drain

No

Blockage:

# Plumbing

The plumbing system is inspected visually and by operating a representative number of fixtures and drains. Private water and waste systems are beyond the scope of a home inspection.

# Photos of Exposed Valves:









Supply Pipe Material: CPVC

Condition: Satisfactory

Indication of Prior Leak: No

### 13639, N Ola Ave, Tampa, FL 33613

### (Plumbing continued)

Indication of Active Leak: No

Age of Piping: Original to home

Dishwasher: Dishwasher

**Condition: Satisfactory** 

Refrigerator : Refrigerator

Condition: Satisfactory

Washing Machine: Washing Machine

Condition: Satisfactory

Shower/Tubs: Showers/Tubs

Condition: Satisfactory

Toilets: Toilets

Condition: Satisfactory

Sinks: Sinks

Condition: Satisfactory

Sump Pump: Not Present

Main Shut Off Valve: Main Shut Off Valve

Condition: Satisfactory

All Other Visible: N/A

Water Heater: Water Heater

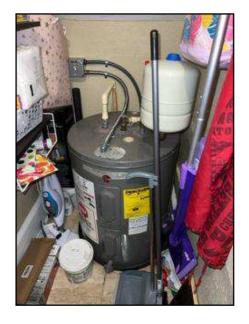
Condition: Satisfactory

# Water Heater

Water Heater Location: Pantry

### (Water Heater continued)

# Photo of Water Heater:





Approximate Age: Temp & Pressure Relief Valve: 6 Years
Present With Blow Off Leg
Condition: Satisfactory

# Disclaimer



### Comment 1:

Be advised that Underwriting will rely on the information in this sample form, or a similar form, that is obtained from the Florida licensed professional of your choice. This information only is used to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of any of the systems inspected.



Report Date

8/15/2024

Report Number Standard X

13462153 Advanced

Premium

# **FloodRisk Standard**

**Provided Location** 13639 N OLA AVE, TAMPA, FL 33613 Standardized Location 13639 N OLA AVE. TAMPA, FL 33613-3240 Latitude, Longitude 28.072773, -82.46315 **Parcel ID** 1828010TD000009000023U FIPS / MSA / Tract 12057 / 45294 / 112.04 Community No. 120112 **Community Name** HILLSBOROUGH COUNTY\* **County Name** UNINCORPORATED AREAS



Flood Zone	Zone AE	N	Next Nearest Zone (Dist.)		X (151 ft)	
BFE	44.5 Feet NAVD88 (45.34 ft NGVD29)		USGS Ground Elev		44 ft NAVD88	
FEMA Map	12057C0204H, 08/28/2008	Р	Previous Map	NO	T AVAILABLE	
NFIP Status	PARTICIPATING	NFIP Program	REGULAR	First FI	RM	06/18/1980
LOMA or LOMR	NO NO	CBRS / OPA	NO	EC On-	File	NO
Claims* \$ / #	\$42,163,300 / 3854	NFIP PIF*	34922	NFIP D	iscount	25%
Flood Source	386 ft	Salt Water	>6 miles	Fresh V	Vater	426 ft

<sup>\*</sup>Aggregated by NFIP community.

Copyright Xactus. All Rights Reserved. This is not a guaranteed flood hazard determination, it is not a substitute for an elevation certificate, and it cannot be used to acquire a Letter of Map Amendment. Go to massivecert.com for certified products, building elevation and construction data, and flood risk scores. If you have questions about this report, call us toll-free at 844-4EZ-CERT, or email us at customersupport@xactus.com.



## STANDARD FLOOD INSURANCE **APPLICATION**

PO Box 2057, Kalispell, MT, 59903

PEOPLE'S TRUST INSURANCE COMPANY

https://peoplestrustinsurance.com

(561) 417-1111

	Application Number FLD3125000939	Effective Date 10-18-2024	Expiration Date 10-18-2025	<b>Waiting Period</b> Standard - 30 Day Wait	
Insured Name(s)	Mailing Address & Phone	Property A	Address	Agency Name, Address & Phone	
ALEJANDRO MARSAN	13639 N Ola Ave,	13639 N O	LA AVE,	1501 SW 11th Way Ste 100,	
	Tampa, FL, 33613	Tampa, FL	, 33613	Deerfield Beach, FL, 33441	
	Home Phone:				
	Work Phone:			Email:nickf@toplineinsurance.com	
	Cell Phone:(813)337-9087	Property A	Address Type:Location	Phone Number:	
	Email:			Agent Name:TopLine Insurance Agency, LLC	
	ALEJANDROMARSAN30@G	MAIL.COM			
Applicant Type:INDIVIDUAL	<u> </u>				
Prior Company NAIC:		Oth an Dall	cy Number:		
Prior Policy Number:			cy Number: Duplicate Policy:		
Prior Company Name: Renewal Billing:		i otentiai i	suplicate Folicy.		
1st Mortgagee					
SUNCOAST CREDIT UNION					
PO BOX 310139,					
Tampa, Hillsborough County , FL, 3	33680				
Phone Number:					
Fax Number:					
Loan Number:8100167682 Required under					
Mandatory					
Purchase:					

**Current Community Information** Community Name:

Community Number:120112

Map Panel:0204 Map Panel Suffix:H Current Flood Zone:AE

Current Base Flood Elevation(BFE):44

FIRM Date:06-18-1980 Program:FLOODREGULAR

**Program Status:** 

County:Hillsborough County Current Map Date:08-28-2008

Rating Map Date:

**Prior Community Information Community Number:** 

Map Panel:

Map Panel Suffix:

Flood Zone:

FIRM Date:06-18-1980

Has This Property Been Remapped?:

**Map Revision Date:** 

**Construction Date** 

Date of Original Construction: 12-31-1939**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)?: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 receviing a PRE-FIRM or

Newly Mapped disocount?:

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 Is the insured a small business with less than 100 employees?:

Is the insured a nonprofit entity?:NO

Date:



# STANDARD FLOOD INSURANCE **APPLICATION**

PEOPLE'S TRUST INSURANCE COMPANY

https://peoplestrustinsurance.com

(561) 417-1111

PO Box 2057, Kalispell, MT, 59903

	<u> </u>		_			
Date 09-18-2024	• •	ation Number 25000939	Effective Date 10-18-2024	Expiration Date 10-18-2025	Waiting Period Standard - 30 Day Wait	
Building Information Building Located In C CBRS/OPA Designati If the building is in th showing the building Is the building use coi protected area purpo: Prior NFIP Claims: Building Severe Repe Property: Property on NFIP SR provided indicating n Coverage Req'd for D	CBRS/OPA:NO ion Date: the buffer zone, did USI outside the system uni nsistent with the see?: titive Loss (SRL) the list, Document(s) on-SRL: Disaster Assistance:	FWS issue an official determination	Buildi Buildi n Constr Estima Replac Total # Total # What b Buildi Is the	ng Located Over Water:Not over Wang in Course of Construction:NO ng Construction Type:Frame ruction Type Description: ated Building Replacement Cost:299 tement Cost Value Returned by FEM of floors in building:2159 of floors in building:1 floor is the unit located on?: er of Detached Structures:0 ng Located on Federal Land: policy force-placed by the lender?:	tter 106	
Foundation Informati Foundation:Crawlspac Enclosure/Crawlspac Number of Elevators:	ce (includes subgrade) e Size:		On Per Ancho	chome/Travel Trailer Information rmanent Foundation: red By: Number:		
Venting Information Enclosure/Crawlspac Number of Openings:	e Has Valid Flood Op	enings:		of Permanent Openings (Sq. In.): ngineered Openings:		
Building Machinery, Does the building con Are all appliances ele			equipn Is all n the bu	he building contain machinery and ment servicing the building?: nachinery and equipment servicing ilding, located inside or outside the ng, elevated above the first floor?:	ES	
Elevation Certificate Elevation Certificate Elevation Certificate Diagram Number:9 Top of Bottom Floor: Top of Next Higher F Lowest Adjacent Gra	Section Used:C Date:01-01-2018 44.7 loor:46.7		Flood Lowes Elevat FEMA	oroofing Certificate: Proofing Elevation: t (Rating) Floor Elevation: ion Certificate First Floor Height:1.7 . First Floor Height:1.7 Tloor Height Method Used:EC	7	
Premium Calcu	ılations					
RISK RATING 2.0 Building Content	COVERAGE 250,000.00 100,000.00	DEDUCTIBLE 2,000.00 2,000.00			NENTS OF THE TOTAL  Building Prem  Content Prem  ased Cost of Compliance (ICC) Prem  Mitigation Disco  Community Rating System Reduc	ium: \$ 281.00 ium: \$ 13.00 punt: \$ (25.00)

MCHOLLS FERLANT 19/18/2024 575A0B9E0CA4414... Signature of Insurance Agent/Producer

ALEJAMPRO MARSAN9/18/2024

Signature of Policy Holder (Optional)

Date:



\$ 553.00

\$ 0.00

\$ 0.00

\$ 553.00

\$ 100.00

\$ 25.00

\$ 47.00

\$ 0.00

\$ 725.00

Full Risk Premium:

Pre-Firm Discount:

HFIAA Surcharge:

Federal Policy Fee:

Probation Surcharge:

**Total Quoted Premium** 

Discounted Premium:

Reserve Fund Assessment:

Annual Increase Cap Discount:

THIS IS WATERMARKED PAPER - DO NOT ACCEPT WITHOUT NOTING WATERMARK - HOLD TO LIGHT TO VERIFY WATERMARK ORDER. OF HI OI PAY \* EXACTLY 725 Dollars 00 Cents SEVEN HUNDRED TWENTY-FIVE DOLLARS AND 00 CENTS RE: MARSAN POLICY FLD3125000939 PEOPLE'S TRUST INSURANCE Suncoast Credit Union CO CASHIER'S CHECK \_\_\_\_ THE PURCHASE OF AN INDEMNITY BOND MAY BE REQUIRED BEFORE AN OFFICIAL CHECK OF THIS CREDIT UNION WILL BE REPLACED OR REFUNDED IN THE EVENT IT IS LOST, MISPLACED OR STOLEN \*\*\* OID AFTER 90 DAYS 10/21/24 No. 4002245407 \$725.00 成\*知酬 Security Features Included D Details on back

',0005 2 4 000000',

### **COVERAGE ADJUSTMENT NOTICE**



PEOPLE'S TRUST INSURANCE COMPANY PO Box 2057 Kalispell MT 59903 United States PEOPLE'S TRUST INSURANCE COMPANY https://peoplestrustinsurance.com

(561) 417-1111 NAIC#: 13125

PROPERTY ADDRESS: 13639 N OLA AVE, Tampa, FL, 33613

POLICY #:FLD3125000939 NFIP POLICY #:FLD3125000939

POLICY ISSUED BY :PEOPLE'S TRUST INSURANCE COMPANY POLICY TERM : 10-18-2024 (12:01 AM) - 10-18-2025 (12:01 AM)

**PAYOR: SUNCOAST CREDIT UNION** 

#### **INSURED NAME & MAILING ADDRESS**

ALEJANDRO MARSAN

13639 N Ola Ave, Tampa, FL, 33613

#### PAYOR CONTACT INFORMATION

SUNCOAST CREDIT UNION

PO BOX 310139, Tampa, FL, 33680

#### DEAR ALEJANDRO MARSAN.

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

#### 13639 N OLA AVE, Tampa, FL, 33613

As of today, we have not received the premium of \$22

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

Requested Coverage Amount Reduced Coverage Amount

Building \$ 250,000 \$ 218,000 Contents \$ 100,000 \$ 87,000

If the remaining payment of \$ 22 is received by 11/28/2024, 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. ALEJANDRO MARSAN

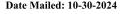
2. TopLine Insurance Agency, LLC

Make check or money order payable to PEOPLE'S TRUST INSURANCE COMPANY - PO BOX 736675, Dallas, TX, 75373. Want to overnight your payment? PEOPLE'S TRUST INSURANCE COMPANY - 555 Corporate Drive Suite 101, Kalispell, MT, 59901. If there have been any mortgagee changes, please contact your agent.



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

AGENT : TOPLINE INSURANCE AGENCY LLC
AGENCY : TopLine Insurance Agency, LLC
PHONE : () -







**New Policy Declarations** 

RatingEngine



POLICY #:

13639 N Ola Ave,

Tampa, FL, 33613

### PEOPLE'S TRUST INSURANCE COMPANY PO Box 2057 Kalispell MT 59903 United States

https://peoplestrustinsurance.com

(561) 417-1111 NAIC#: 13125

PROPERTY ADDRESS #: 13639 N OLA AVE, Tampa, FL, 33613 **POLICY FORM:** 

**Dwelling Policy** 

FLD3125000939 NFIP POLICY #: 3125000939

**INSURED NAME & MAILING ADDRESS** 

ALEJANDRO MARSAN & MAYLA R PURPURA

**POLICY TERM:** 11-27-2024 (12:01 AM) - 11-27-2025 (12:01 AM)

PEOPLE'S TRUST INSURANCE COMPANY POLICY ISSUED BY:

PAYOR: SUNCOAST CREDIT UNION

AGENT CONTACT INFORMATION

POLICY DECLARATIONS TYPE:

TopLine Insurance Agency, LLC

**RATE CATEGORY:** 

1501 SW 11th Way Ste 100, Deerfield Beach, FL, 33441

COMPONENTS OF THE TOTAL

### FLOOD INSURANCE POLICY DECLARATIONS

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

Policy Coverages & Endorsements

**DEDUCTIBLE** COVERAGE

\$ 218,000 **Building** \$ 2,000 **Contents** \$87,000 \$ 2,000 **Total Annual Payment** 

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

Includes Premium, Discounts, Fees, and Surcharges

PREMILIM

### **Property Information**

### **Premium Calculations**

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Primary Residence	YES	Building Premium:	\$ 392
<b>Building Occupancy</b>	Single Family	Contents Premium:	\$ 268
<b>Building Description</b>	Main House/Building	Increased Cost of Compliance (ICC) Premium:	\$ 13
First Floor Height (FFH)	1.7	Community Rating System Discount:	\$ (119.00)
Method Used to Determine FFH	EC	Full-Risk Premium:	\$ 554
<b>Property Description</b>	Crawlspace (includes subgrade), 2 Floors,	Discounted Premium:	\$ 554
	Frame	Fees and Surcharges:	
Date of Construction	12-31-1939	Reserve Fund Assessment:	\$ 100
Prior NFIP Claims	0 Claim(s)	HFIAA Surcharge:	\$ 25
Your property's NFIP flood	claims history can affect your premium.	Federal Policy Fee:	\$ 47
		Total Premium	\$ 726

#### **ADDITIONAL INTERESTS**

First Mortgagee

SUNCOAST CREDIT UNION, PO BOX 310139, Tampa, FL, 33680 Loan #: 8100167682

Date Mailed: 10-30-2024

Additional Insured MAYLA R PURPURA, 13639 N Ola Ave, Tampa, FL, 33613



### **COVERAGE ADJUSTMENT NOTICE**



PEOPLE'S TRUST INSURANCE COMPANY PO Box 2057 Kalispell MT 59903 United States PEOPLE'S TRUST INSURANCE COMPANY https://peoplestrustinsurance.com

(561) 417-1111 NAIC#: 13125

PROPERTY ADDRESS: 13639 N OLA AVE, Tampa, FL, 33613

POLICY #:FLD3125000939 NFIP POLICY #:FLD3125000939

POLICY ISSUED BY :PEOPLE'S TRUST INSURANCE COMPANY POLICY TERM : 11-27-2024 (12:01 AM) - 11-27-2025 (12:01 AM)

**PAYOR: SUNCOAST CREDIT UNION** 

#### **INSURED NAME & MAILING ADDRESS**

ALEJANDRO MARSAN

13639 N Ola Ave, Tampa, FL, 33613

#### PAYOR CONTACT INFORMATION

SUNCOAST CREDIT UNION

PO BOX 310139, Tampa, FL, 33680

### DEAR ALEJANDRO MARSAN,

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

#### 13639 N OLA AVE, Tampa, FL, 33613

As of today, we have not received the premium of \$ 22

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

Requested Coverage Amount Reduced Coverage Amount

Building \$ 250,000 \$ 218,000 Contents \$ 100,000 \$ 87,000

If the remaining payment of \$ 22 is received by 11/28/2024, 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. ALEJANDRO MARSAN

2. TopLine Insurance Agency, LLC

Make check or money order payable to PEOPLE'S TRUST INSURANCE COMPANY - PO BOX 736675, Dallas, TX, 75373. Want to overnight your payment? PEOPLE'S TRUST INSURANCE COMPANY - 555 Corporate Drive Suite 101, Kalispell, MT, 59901. If there have been any mortgagee changes, please contact your agent.



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

AGENCY : TOPLINE INSURANCE AGENCY LLC
AGENCY : TopLine Insurance Agency, LLC
PHONE :

**Date Mailed: 10-30-2024** 

