



Amica General Agency  
P.O. Box 33003  
St. Petersburg, FL 33733-8003  
1-800-820-3242

FFL 99.001 0314  
0089791  
10/04/14

**FLOOD DECLARATIONS PAGE**

2000 11523 FLD RGLR

AMENDED EFFECTIVE: 9/04/14

Policy Number	NFIP Policy Number	Product Type: Standard Policy
98 1000779311 03	1002927446	Dwelling Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 9/04/14 To: 9/04/15 12:01 am Standard Time	10/04/2014	0053101	98 1000779311 02

Insured  
RICK ROSS  
LIRA MERCER  
9311 MAYBACH DR  
HOUSTON TX 77096-3507

AMICA GENERAL AGENCY LLC  
HOUSTON REGIONAL OFFICE  
2277 PLAZA DR STE 400  
SUGAR LAND TX 77479-6701

Property Location (if other than above)  
9311 MAYBACH DR, HOUSTON TX 77096

Address may have been changed in accordance with USPS standards.

Rating Information		
Building Occupancy: Single Family	Community Name: HOUSTON CITY	
Primary Residence: Y	Community #: 480296	Map Panel/Suffix: 0865 L
Number of Floors: Two Floors	Community Rating: 05 / 25	
Building Indicator: Non-Elevated	Program Status: Regular	Grandfathered: No
Basement/Enclosure/Crawlspace:	Flood Risk Rated Zone: AE	
No Basement		
Condo Type: N/A		

Coverage	Amount	Premium
BUILDING	\$250,000	\$1,992.00
CONTENTS	\$60,800	\$769.00
ANNUAL SUBTOTAL:		\$2,761.00
PRODUCTIBLE DISCOUNT/SURCHARGE:		\$0.00
ICC PREMIUM:		\$55.00
COMMUNITY RATING DISCOUNT:		\$705.00
RESERVE FUND ASSESSMENT:		\$106.00
PROBATION SURCHARGE:		\$0.00
FEDERAL POLICY SERVICE FEE:		\$44.00
PRIOR PREMIUM AND FEES:		\$2,284.00
PREMIUM AND FEES ADJUSTMENT:		\$23.00-
TOTAL OF PREMIUMS AND FEES:		\$2,261.00

**THIS IS NOT A BILL**

**DEAR MORTGAGEE**

The Reform Act of 1994 requires you to notify the WYO company for this policy within 60 days of any changes in the servicer of this loan.

The above message applies only when there is a mortgagee on the insured location.

Premium Paid by: Insured

Special Provisions:
Pre-FIRM Subsidized
This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Coverage Limitations may apply. Please refer to your Flood Insurance Policy Form for details.

Forms and Endorsements:
WFL 99.414 0414 0614 FFL 99.310 1012 1010 WFL 99.116 0614 0614

This policy is issued by

Wright National Flood Insurance Company A stock company

Copy Sent To: As indicated on back or additional pages, if any.

H. Neal Conolly, President

008979142115073583815197

00008

Broker



SAMPLE

## 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						Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.						Company NAIC Number:	
City		State		ZIP Code			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)							
A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: <input type="checkbox"/> NAD 1927 <input 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 _____							
A8. For a building with a crawlspace or enclosure(s):							
a) Square footage of crawlspace or enclosure(s) _____ sq ft							
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____							
c) Total net area of flood openings in A8.b _____ sq in							
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No							
A9. For a building with an attached garage:							
a) Square footage of attached garage _____ sq ft							
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____							
c) Total net area of flood openings in A9.b _____ sq in							
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number				B2. County Name		B3. State	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised 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 (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input 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 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 type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA							

# ELEVATION CERTIFICATE

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

<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.			Policy Number:
City	State	ZIP Code	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: \_\_\_\_\_ Vertical Datum: \_\_\_\_\_

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)   | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor   | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)   | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab)  | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs including structural support                                   | _____ | <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	License Number	Place Seal Here
Title		
Company Name		
Address		
City	State ZIP Code	

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_ 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)

# ELEVATION CERTIFICATE

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

<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.			Policy Number:
City	State	ZIP Code	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
-------------------	------------------------	---

- 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
Community Name	Telephone
Signature	Date

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

☐ Check here if attachments.

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

<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.			Policy Number:	
City	State	ZIP Code	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 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

Signature Date Telephone

Comments

☐ Check here if attachments.

# EXAMPLE OF LOSS HISTORY

## NATIONAL FLOOD INSURANCE PROGRAM PROPERTY LOSS HISTORY

11-357085

CURRENT COMPANY/POLICY NUMBER: AMERICAN STRATEGIC INS. CORP./0FLD273809

CURRENT PROPERTY ADDRESS:

XXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXX

THE INFORMATION PROVIDED BELOW IS THE FLOOD INSURANCE LOSS PAYMENT HISTORY FOR CLAIMS PAID BY THE NATIONAL FLOOD INSURANCE PROGRAM SINCE 1978 FOR THE ABOVE PROPERTY ADDRESS. LOSSES OCCURRING WITHIN 180 DAYS PRIOR TO THIS LOSS HISTORY MAY NOT BE INCLUDED IN THIS REPORT. IF YOU HAVE ANY QUESTIONS ABOUT THIS INFORMATION PLEASE CONTACT THE NFIP AT 866-395-7496.

DATE OF LOSS .....	BUILDING PAYMENTS .....	CONTENTS PAYMENTS .....	TOTAL PAYMENTS .....
NO LOSSES ON FILE			

THE FLOOD MITIGATION ASSISTANCE (FMA) PROGRAM WAS AUTHORIZED BY THE NATIONAL FLOOD INSURANCE REFORM ACT OF 1994 AND AMENDED BY THE BIGGERT-WATERS FLOOD INSURANCE REFORM ACT OF 2012. THE FMA PROGRAM PROVIDES FUNDS ON AN ANNUAL BASIS TO STATES AND LOCAL COMMUNITIES FOR PROJECTS THAT EITHER REDUCE OR ELIMINATE THE LONG-TERM RISK OF FLOOD DAMAGE TO BUILDINGS, HOMES, AS WELL AS OTHER STRUCTURES THAT ARE INSURED UNDER THE NATIONAL FLOOD INSURANCE PROGRAM (NFIP). THE FMA PROGRAM PROVIDES FEDERAL GRANT FUNDS FOR ELIGIBLE MITIGATION ACTIVITIES, SUCH AS ELEVATING AN NFIP-INSURED STRUCTURE. MITIGATED PROPERTIES MAY ALSO QUALIFY FOR REDUCED FLOOD INSURANCE RATES. AS AN INDIVIDUAL, YOU MAY NOT APPLY FOR AN FMA GRANT ON YOUR OWN, BUT YOUR LOCAL COMMUNITY OR COUNTY MAY APPLY FOR A GRANT ON YOUR BEHALF. TO OBTAIN ADDITIONAL INFORMATION ON THE FMA PROGRAM AND OTHER MITIGATION GRANT PROGRAMS, PLEASE CONTACT YOUR LOCAL FLOODPLAIN MANAGER OR STATE HAZARD MITIGATION OFFICER, OR GO TO THE FEMA HAZARD MITIGATION ASSISTANCE WEBSITE AT [www.fema.gov/hazard-mitigation-assistance](http://www.fema.gov/hazard-mitigation-assistance).

Attention: NFIP Help Center LOSS HISTORY REQUEST

Fax: 703-960-9125

Date: \_\_\_\_\_

Name (owner/tenant/policy holder), Date and Place of Birth:

Full Property Location Address:

Return Address for Response (if different from property location):

Telephone Number:

Statement (Must be Notarized):

I, \_\_\_\_\_ (full name), hereby certify under penalty of perjury that I am the current owner of the property for the location listed above and the foregoing is true and correct. Executed on \_\_\_\_\_ (mm/dd/yyyy).

\_\_\_\_\_  
(Signature)

ACKNOWLEDGEMENT

State of Texas

County of Harris

Before me, on this day personally appeared, \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that they executed the same for the purposes consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 2019

\_\_\_\_\_  
Notary Public