



AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA
 FLOOD SERVICE CENTER
 P.O. Box 8695
 Katispell, MT 59904-8695
 (800)423-4403

STANDARD FLOOD INSURANCE APPLICATION

QUOTE NUMBER: 201123829
 POLICY NUMBER:
 ALTERNATE POLICY NUMBER:
 REQUESTED EFFECTIVE DATE: 4-10-2020 to 4-10-2021
 12:01 a.m. local time at the insured property location.

INSURED MAILING ADDRESS	Stolarski, Kyle 5315 HANDBROOK DR HOUSTON, TX 77069-1455	AGENT INFORMATION	Agency: Stolarski Insurance Agency Name: Kyle Stolarski Producer Number: 64800-18772-000-00001 Alternate Agent Number: 000000099 Address: 16611 Hereford Dr Maxim Insurance Tomball, TX 77377-8403 Telephone: (713)750-9087
	Telephone: Member ID: E-Mail:		
PROPERTY ADDRESS	5315 HANDBROOK DR HOUSTON, TX 77069-1455	FIRST MORTGAGEE INFORMATION	Required Under Mandatory Purchase: No N/A Additional Mortgagee Info on Application Part 2, If applicable.
GENERAL INFORMATION	Insured Small Business: No Insured Non-Profit: No Send Renewal Bill To: Insured Policy Type: Standard Waiting Period: Standard - 30 Day Wait Loan Close Date: Prior Policy Number: Prior Policy Expiration Date: Prior Policy Issued By: Property purchased on or after 07-06-2012: Yes Property Purchase Date: 3-11-2020 Estimated Replacement Cost: \$250,000 Replacement Cost Ratio: 100%		

COVERAGE FOR	BASIC LIMITS			ADDITIONAL LIMITS			DEDUCTIBLE	PREMIUM CALCULATIONS		
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	AMOUNT	DEDUCTIBLE DECREASE	COVERAGE AMOUNT	TOTAL ANNUAL PREMIUM
BUILDING	\$60,000	0.780	\$468	\$190,000	0.080	\$152	\$2,000	(\$46)	\$250,000	\$574
CONTENTS	\$25,000	0.400	\$100	\$75,000	0.120	\$90	\$2,000	(\$14)	\$100,000	\$176

DEDUCTIBLE OPTIONS		
BUILDING	CONTENTS	PREMIUM
\$1,250	\$1,250	\$877
\$1,500	\$1,500	\$864
\$2,000	\$2,000	\$834
\$3,000	\$3,000	\$772
\$4,000	\$4,000	\$711
\$5,000	\$5,000	\$691
\$10,000	\$10,000	\$568

BASE PREMIUM:	\$750
Multiplier: 0%	\$0
ICC PREMIUM:	\$6
CRS DISCOUNT: 15%	\$113
RESERVE FUND ASSESSMENT:	\$116
HFIAA SURCHARGE:	\$25
PROBATION SURCHARGE:	\$0
FEDERAL POLICY FEE:	\$50
TOTAL PREMIUM:	\$834

FULL PREMIUM MUST ACCOMPANY APPLICATION

Rate Table Used: R3B

This quote was rated with the information provided. Any new or additional information may void this quote, or result in a higher premium.

The statements contained herein are correct to the best of my knowledge. The property owner and I understand that any false statements may be punishable by fine or imprisonment under applicable federal law.

Signature of Agent/Producer _____ Date 3-11-2020

Signature of Insured (Optional) _____ Date

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name DON S. CARVALHO AND FERROZA SAIDWAN CARVALHO		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5315 HANDBROOK DRIVE		Company NAIC Number
City HOUSTON State TX ZIP Code 77069		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 10, BLOCK 6, CHAMPION FOREST, SECTION 11, HARRIS COUNTY, TEXAS		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>		
A5. Latitude/Longitude: Lat. 29.999310 Long. -95.525210 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 1		
A8. For a building with a crawl space or enclosure(s), provide: a) Square footage of crawl space or enclosure(s) <u>NA</u> sq ft b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade <u>NA</u> c) Total net area of flood openings in A8.b <u>NA</u> sq in		A9. For a building with an attached garage, provide: a) Square footage of attached garage 440 sq ft b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade <u>NA</u> c) Total net area of flood openings in A9.b <u>NA</u> sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number HARRIS COUNTY UNINCORPORATED AREAS, 480287		B2. County Name HARRIS		B3. State TEXAS	
B4. Map/Panel Number 48201 C 0435	B5. Suffix L	B6. FIRM Index Date 6-18-07	B7. FIRM Panel Effective/Revised Date 6-18-07	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 112.5 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 (Describe) _____					
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 (Describe) _____					
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					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)		
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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-g below according to the building diagram specified in Item A7. Benchmark Utilized RM 110090, EL. = 110.31 FEET Vertical Datum NAVD 1988 Conversion/Comments 2001 ADJ.		
Check the measurement used.		
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	113.2	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	+/- 123	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	NA	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	112.4	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	112.4	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	111.2	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	112.4	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

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.			
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.			
Certifier's Name TERRANCE MISH	License Number 4981	Company Name PRECISION SURVEYORS, INC.	
Title R.P.L.S.	Address 14925 MEMORIAL DRIVE, STE. B100	City HOUSTON	State TX ZIP Code 77079
Signature <i>Terrance Mish</i>	Date 06-13-2008	Telephone 281-496-1586	

