TWFG INSURANCE SERVICES INC 100 CANYON LAKE CIRCLE LUMBERTON, TX 77657

(281) 825-3441

Agency Phone:

NFIP Policy Number: 0000687753 Company Policy Number: 0000687753 Agent: **BRANDON RICHEY**

Policy Term: **Renewal Billing Payor:**

01/22/2020 12:01 AM through 01/22/2021 12:01 AM INSURED

To report a claim

https://twfg.managemyfloodpolicy.com

visit or call us at: (877) 254-6819

FLOOD INSURANCE POLICY DECLARATIONS

STANDARD POLICY - DWELLING FORM

DELIVERY ADDRESS

CJM DEVELOPMENTS LLC 2711 VERNON ST NEDERLAND, TX 77627-6330

INSURED NAME(S) AND MAILING ADDRESS CJM DEVELOPMENTS LLC 2711 VERNON ST NEDERLAND, TX 77627-6330

COMPANY MAILING ADDRESS					PROPERTY LOCATION			
INTEGON NATIONAL INSURANCE COMPANY				271	2711 VERNON ST			
PO BOX 912063				NE	NEDERLAND, TX 77627-6330			
DENVER, CO 80291-2063								
Refer to www.fema.gov/cost-o	of-flood for more	information about flo	od risk and pol	icy rating. DES	CRIPTION: N/A			
RATING INFORMATION			-					
ORIGINAL NEW BUSINESS DA	ATE:	01/22/2020		DAT	E OF CONSTRU	CTION: 01/01/1968		
REINSTATEMENT DATE: N/A		N/A				ER: 480385 0285 C REG	480385 0285 C REGULAR PROGRAM	
BUILDING OCCUPANCY: SINGLE FAMIL				CON	MUNITY NAME:	JEFFERSON COUNTY		
CONDOMINIUM INDICATOR:	NOT A CONDO	T A CONDO CURE		RENT FLOOD Z	ONE: B	В		
NUMBER OF UNITS:	N/A	A GRAN		NDFATHERED:	NO	NO		
PRIMARY RESIDENCE: YES			FLOOD RISK/RATED ZONE:		ZONE: B	В		
ADDITIONS/EXTENSIONS: N - NO AD			ADDITIONS/EXTENSIONS ELEV		VATION DIFFER	ENCE: N/A	N/A	
BUILDING TYPE: ONE FLOOR			ELEVATED BUILDING T		TYPE: NON-ELEVATED			
BASEMENT/ENCLOSURE/CR/	AWLSPACE TYP	E: NO BASEMENT						
MORTGAGEE / ADDITIONAL I	NTEREST INFOR	RMATION						
						LOAN NO: N/A		
FIRST MORTGAGEE:						LUAN NO: N/A		
SECOND MORTGAGEE:						LOAN NO: N/A		
						LOAN NO. N/A		
ADDITIONAL INTEREST:						LOAN NO: N/A		
DISASTER AGENCY:				CASE NO: N/A				
						DISASTER AGENCY	:	
PREMIUM CALCULA	TION - Pre-	FIRM Subsidize	ed				Standard	
COVERAGE	DEDUCTIBLE	BASIC COVERAGE	BASIC RATE	ADD'L COVERAG	E ADD'L RATE	DED. DISCOUNT/SURCHARGE	PREMIUM	
BUILDING \$160,000	\$1,250		1.100	\$100,00	0 0.300	(\$14.00)	\$946.00	
CONTENTS \$0	\$0	\$0	1.690		0 0.530	\$0.00	\$0.00	
Coverage limitations	may apply	See your polic	v form for	details		ANNUAL SUBTOTAL:	\$946.00	
ooverage initiations	may apply.		y lonn lon	actuno.		EASED COST OF COMPLIANCE:	\$8.00	
					_	ITY RATING DISCOUNT: 0%	\$0.00	
						VE FUND ASSESSMENT: 15.0%	\$143.00	
						PROBATION SURCHARGE:	\$0.00	
						ANNUAL PREMIUM :	\$1,097.00	
						HFIAA SURCHARGE:	\$25.00	
					1	EDERAL POLICY SERVICE FEE:	\$50.00	
						TOTAL:	\$1,172.00	
IN WITNESS WHEREOF, I have signed	a this policy below	and hereby enter into this	Insurance Agreen	nent				
hisn 12		Oplene	like	9				
A DOS-11-		Jeog	y likerom					
Barry S. Karfunkel / President		leffreu Weisem	ann / Constant			Balance Due - This Is		
		-	ann / Secretary				NULA DIII	
This declarations page alo	ong with the St	andard Flood Insu	rance Policy I	Form constitutes	your flood ins	surance policy.		

Policy issued by INTEGON NATIONAL INSURANCE COMPANY

Company NAIC: 29742

File: 10905292

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DocID: 90501823