

Name and Mailing Address of Agent:

Galveston Insurance Associates
P.O. Box 16767
Galveston, TX 77552-6767

Name and Mailing Address of Insured:

Sandra Mosley
[Redacted]
[Redacted]

Early cancellation may result in approximately 25% of your premium being retained by Texas Windstorm Insurance Association.

This policy will be subject to an immediate surcharge if determined necessary by the Texas Insurance Commissioner. Failure to pay the surcharge will result in cancellation of the policy.

Insured : Sandra Mosley

COVERAGES - Windstorm and Hail Only

In consideration of the stipulations and conditions herein or added hereto which are made a part of this policy, and of the premiums provided, TWIA does insure the insured named above and legal representatives FROM the inception date shown above TO the expiration date shown above at 12:01 A.M. Standard Time at the location of property against direct loss resulting from the perils of Windstorm and Hail only which have a premium inserted opposite thereto and only on the property described and located as provided hereon.

Item No.	Coverage A/B	Property and Form Description	Coins %		Per Item / Per Occurrence Deductible		Form Number	Limit of Liability	Premium
			%		%	Amt			
1	A	Property Description: Individually Owned Townhomes 1919 Back Bay Dr., Galveston, Galveston County, TX, 77551 Underwriting Details: Stories: 2; Construction: Brick Veneer; Roof: Shingles, Asphalt/Fiberglass; Occupancy: Secondary Dwelling Adjustment amounts included in the premium for each item: Personal Property Replacement Cost \$70.00 Indirect Loss \$45.00 Deductible 3% -\$570.00 Item #1-A forms: 320 802 220 800	80%	3%	\$4,500		365	\$150,000.00	\$892.00
1	E	Description: Personal Property located at: 1919 Back Bay Dr., Galveston, Galveston County, TX, 77551 Underwriting Details: Stories: 2; Construction: Brick Veneer; Roof: Shingles, Asphalt/Fiberglass; Occupancy: Secondary Dwelling Adjustment amounts included in the premium for each item: Personal Property Replacement Cost \$4.00 Indirect Loss \$3.00	Nil	1%	\$250		320	\$25,000.00	\$87.00

Total Limit / Total Premium: \$175,000.00 \$979.00

Total Surcharges: \$0.00

Total Premium + Total Surcharges: \$979.00

Original
Part 1, Page 1 of 2

(This policy contains two parts. To be valid, both parts must be combined and the policy countersigned by the Texas Windstorm Insurance Association.)

678000447_05.0.0_PRODUCTON_1_34345103: Insured

Policy Number 42 1151956286 00	NFIP Policy Number 1151956286	Product Type: Standard Policy Dwelling Form
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Policy Period From: 5/31/20 To: 5/31/21	Date of Issue 12:01 am Standard Time 06/09/2020	Agent Code 0084467	Prior Policy Number 42115041778410
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Agent (409)740-1251
 GALVESTON INSURANCE ASSOCIATES
 PO BOX 16767
 GALVESTON TX 77552-6767

SANDRA MOSLEY

Address may have been changed in accordance with USPS standards.

Property Location (if other than above)
 1919 BACK BAY DR, GALVESTON TX 77551

Rating Information

Original New Business Effective Date: 5/31/2018
 Flood Risk/Rated Zone: AE
 Building Occupancy: Single Family
 Primary Residence: N
 Condo Type: N/A
 Community #: 485469
 Community Rating: 10 / 00%
 Community Name: GALVESTON, CITY OF
 Map Panel/Suffix: 0439 G
 Program Status: Regular
 Number of Floors: Two Floors
 Building Indicator: Non-Elevated
 Basement/Enclosure/Crawlspace: No Basement
 Elevation Difference: -1
 Grandfathered: No

Coverage

	Deductible	Annual Premium
BUILDING	\$150,000	\$2,658.00
CONTENTS	\$30,000	\$449.00

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 mortgage on the insured location.

Premium Paid by: Insured

ANNUAL SUBTOTAL:	\$3,107.00
DEDUCTIBLE DISCOUNT/SURCHARGE:	\$466.00
ICC PREMIUM:	\$8.00
COMMUNITY RATING DISCOUNT:	\$0.00
SUB-TOTAL:	\$2,649.00
RESERVE FUND ASSESSMENT:	\$477.00
PROBATION SURCHARGE:	\$0.00
FEDERAL POLICY SERVICE FEE:	\$50.00
HFIAA SURCHARGE:	\$250.00
TOTAL WRITTEN PREMIUM AND FEES:	\$3,426.00

Special Provisions:

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. Please refer to the policy for complete terms, conditions, and exclusions. A full, digital copy of your flood policy form is available at www.wrightflood.com/policyforms.html. The form which applies to your policy coverage is: Dwelling Form
 No Additions and Extensions

Forms and Endorsements:

WFL 99.414 1117 1117 FFL 99.310 0120 0120 WFL 99.116 0614 0614

This policy is issued by NAIC company 11523
 Wright National Flood Insurance Company A stock company
 Copy Sent To: As indicated on back or additional pages, if any.

Patricia Templeton-Jones
 Patricia Templeton-Jones, President

008446742115195628620161

00009

Company



BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
 1915 1927 Back Bay Drive

CITY: Galveston STATE: TEXAS ZIP CODE: 77551

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
 Lots -7 Block 4, BACK BAY TOWNHOMES

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
 Residential

LATITUDE/LONGITUDE (OPTIONAL) (##°##'-###" or ##.#####) HORIZONTAL DATUM: NAD 1927 NAD 1983 SOURCE: GPS (Type): USGS Quad Map Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER City of Galveston 485469		B2. COUNTY NAME GALVESTON		B3. STATE TEXAS	
B4. MAP AND PANEL NUMBER 485469 0024	B5. SUFFIX E	B6. FIRM INDEX DATE 05-26-1970	B7. FIRM PANEL EFFECTIVE/REVISED DATE 12-06-2002	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 11'

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date:

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. Building Diagram Number 1. (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum: 1929 Conversion/Comments:

Elevation reference mark used: Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure). 10.0 ft.(m)
- b) Top of next higher floor NA ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) NA ft.(m)
- d) Attached garage (top of slab) NA ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building NA ft.(m)
- f) Lowest adjacent grade (LAG) 9.5ft.(m)
- g) Highest adjacent grade (HAG) 9.5ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade NA
- i) Total area of all permanent openings (flood vents) in C3h NA sq. in. (sq. cm)

Registration Number, Embossed Seal, Signature, and Date

October 17, 2005

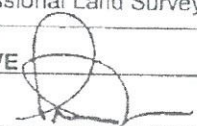
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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 in Sections A, B, and C 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.

CERTIFIER'S NAME: PATRICK A. JORDAN REGISTRATION NUMBER: 5525

TITLE: Registered Professional Land Surveyor COMPANY NAME: COASTAL SURVEYING OF TEXAS, INC.

ADDRESS: 8017 HARBORSIDE DRIVE CITY: GALVESTON STATE: TX ZIP CODE: 77554

SIGNATURE:  DATE: October 17, 2005 TELEPHONE: (409) 740-1517



Certificate of Compliance WPI-8

Location of Property to be Insured

Street: 1919 BACK BAY DRIVE

Lot:

Block:

Tract or Addition:

City: GALVESTON

County: GALVESTON

Inside City Limits

Seaward - SEAWARD - 2006 IBC Intl Building Code

Date of Construction: 10-23-2013

Application ID: 744402

Certificate Number: 682156

Occupancy Type: Residential

Building Type: Townhouse

Roof Entire Re-Roof February 9, 2014 Appointed Qualified Inspector

This Certificate of Compliance, Form WPI-8, is issued by the Texas Department of Insurance under Insurance Code § 2210.251 and § 2210.2515 and demonstrates that the improvement identified in the certificate complies with the applicable windstorm building code under 28 Texas Administrative Code §§ 5.4007 – 5.4011.