

Jim Culpepper

From: Maira Shipp <mairashipp@gmail.com>
Sent: Wednesday, March 10, 2021 2:21 PM
To: Jim Culpepper
Subject: Fwd: FLD530143
Attachments: SHIPPapp.pdf

Hi Jim, attached is the Flood insurance information you requested.

Thank you,
Maira Shipp

----- Forwarded message -----

From: Jason Ramaizel <jramaizel@asiservice.com>
Date: Mon, Jul 20, 2020 at 11:17 AM
Subject: FLD530143
To: Donnie Shipp <dshipp457@gmail.com>, <mairashipp@gmail.com>

Here is the attached information for your lender.

JASON RAMAIZEL

Insurance Agent
Multi-Product-ASI
866-487-2643 Ext: 1559 / 866-740-2313 fax



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Processed By:
Progressive Flood Insurance Processing
P.O. Box 33018
St. Petersburg, FL 33733-8018
866-511-0793



Standard Flood Insurance Application

Dwelling Policy

Policy Number: FLD530143
Waiting Period: Standard 30 Day Wait

Policy Period 08/19/2020 to 08/19/2021
12:01 AM Local time at the described location

Name Insured

Agent/Producer Information

MAIRA SHIPP
Property Location:
407 BAYSHORE DR
LA PORTE, TX 77571-6410

420684 - PROGRESSIVE SALES
P.O. BOX 23039
SAINT PETERSBURG, FL 33742
(877)415-1745
Customercare@Asiservice.Com

Property Description:
NOTE: One building per policy - blanket coverage not permitted

Insured Mailing Address

407 BAYSHORE DR
LA PORTE, TX 77571-6410

Bill To: UNITED WHOLESALE MORTGAGE ISAOA

Additional Named Insured Information

Community Rating Information

Building Information

Community Name:
Community Number/Map Panel/Suffix: **485487 - 0945 - M**
FIRM Type: **Post**
Program: **Regular**
Rating Flood Zone: **AE**
Rating BFE: **15.0**
Current Flood Zone: **AE**
Current BFE: **15.0**
Current Map Date: **01/06/2017**
Photo Date: **01/01/1900**
Elevation Data: (if applicable)
Lowest Floor Elevation: **14.8**
Elevation Difference: **0000**
ECDate: **07/09/2019**
NFIP Grandfathering:
Grandfathered: **No**

Occupancy: **Single Family**
Foundation: **Elevated - Without Enclosure**
Building Type: **Two Floors**
Distance to the nearest shoreline: **More than 1000 feet**
Source of Flooding: **Other (i.e. rising water)**
Date Of Construction **01/01/1980**
Building Purpose & Usage:
No House Of Worship, Main House/Building
Elevated, Walled and Roofed, and Not Over Water
Is the insured a small business: **No**
Is the insured a non-profit entity: **No**
Named Insured's Primary Residence: **Yes**
Is building a Rental Property: **No**
Is Insured a Tenant: **No**
Condo Form of Ownership: **No**
Does building have additions/extensions: **No**
Is Building a Severe Repetitive Loss Property: **No**
Is the building on Leased Federal Property?: **No**

Contents Information:

Prior NFIP Coverage

1. Has the applicant had a prior NFIP policy for this property:	No
2. Was the prior NFIP policy required under the mandatory purchase provision of the (Flood Disaster Protection Act 1973) at the time of coverage termination	No
3. Has the prior NFIP Policy ever lapsed while coverage was required under mandatory purchase by the lender:	No
4. Was the lapse the result of community suspension:	No
Suspension Date:	1/1/1900
Reinstatement Date:	1/1/1900
Will this policy be effective within 180 days of the community reinstatement after suspension referred to above	No

Standard Flood Insurance Application

Policy Number: FLD530143
Waiting Period: Standard 30 Day Wait

Policy Period 08/19/2020 to 08/19/2021
 12:01 AM Local time at the insured property location

Garage Information

Total area of the garage (square feet):	0
Is the garage used for any purpose other than parking, building access, and/or storage:	No
No. of openings within 1' above adjacent grade:	
Total area of all permanent openings (square inches):	0
Does the garage have more than 20 linear feet of finished wall paneling, etc?	
Garage machinery or equipment value	0.00
Garage washer, dryer value	0.00
Garage Location	
Garage contains:	None

Enclosure/Crawlspace/Basement Information

Elevated Foundation Type:	Solid perimeter walls	Enclosure Type:	
Lowest Location of Equipment:	At or above BFE or Elevated Floor	Wall Type:	
Below Elevated Area Contains:	None	Number of Elevators (if applicable)	0
Is the enclosed area used for any purpose other than parking, building access, and/or storage:		No	
Material used to enclose the area beneath the elevated floor:		No	
Enclosed area have more than 20 linear feet of finished wall,paneling, etc.?		No	
Machinery and/or Equipment Value		0.00	
Washer, Dryer or Food Freezer Value		0.00	
Flood Openings:			
Enclosure/Crawlspace Area (square feet):	0		
Engineered Flood Openings:	No		
No. of vents within 1' above adjacent grade:			
Total area of all permanent vents (sq inches):	0		

Mortgagee Information

<u>First Mortgagee:</u>	<u>2nd Mortgagee:</u>
United Wholesale Mortgage ISAOA	
PO BOX 202028	
Florence, SC, 29502	
Loan #:1519055198	
Escrow: Yes	
Is insurance required under mandatory Purchase: Yes	
<u>Additional Mortgagee:</u>	

Estimated Building Replacement Cost:

\$ 250,000

Rate Category: Manual

Basic Limits

Additional Limits

Coverage	Total Amount	Amount	Rate	Ann Premium	Amount	Rate	Ann Premium	DedReduce/Inc	Tot Premium
Building	250,000	60,000	1.75	1,050.00	190,000	0.08	152.00	-421.00	781.00
Contents	0	0	0.00	0.00	0	0.00	0.00	0.00	0.00

Ded-Building \$10000

Ded-Contents \$

Rate Table: RATE 7 - TABLE 3B - 1/

PLEASE NOTE: This application's premium, effective date and coverage are non-firm, non-binding and subject to change based on a full review of all underwriting information, the application and all supporting documentation as well as timeliness of the premium received.

Signature of Agent/Broker (Required)

Date

Signature of Insured

Date

Annual Subtotal	781.00
ICC Premium	6.00
Subtotal	787.00
CRS Disc	15% 118.00
Reserve Fund Assesment	120.00
Probation Surcharge	0.00
HFIAA Surcharge	25.00
Federal Policy Fee	50.00
Total Premium Amount	864.00

FULL PREMIUM MUST ACCOMPANY APPLICATION

7/20/2020

WARNING TO AGENTS AND INSURANCE APPLICANTS

The National Flood Insurance Act of 1968, as amended, prohibits a flood insurance policy from being newly issued or renewed on a property officially declared as being in violation of Section 1316 of the Act.

NON-DISCRIMINATION ACT

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age, or national origin.

PRIVACY ACT

The information requested is necessary to process your application for flood insurance. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to current Repetitive Loss Target Group (RLTG) property owners and Preferred Risk Policy (PRP) owners for the purpose of property loss history evaluation; to the American Red Cross for verification of nonduplication of benefits following a flooding event or disaster; to law enforcement agencies or professional organizations when there may be a violation or potential violation of law; to a federal, state or local agency when we request information relevant to an agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a federal agency requests such information for a similar purpose from us; to a Congressional office in response to an inquiry made at the request of an individual; to the Office of Management and Budget (OMB) in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections. Solicitation of your Social Security Number (SSN) is authorized under Executive Order 9397. Providing the SSN, as well as the other information, is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(B)

Solicitation of the Social Security Number (SSN) is authorized under provisions of E.O. 9397, dated November 22, 1943. The disclosure of your SSN is voluntary. However, since many persons appearing in the Government's administrative records possess identical names, the use of your SSN would provide your precise identification.

GENERAL

This information is provided pursuant to Public Law 96-511 (Paperwork Reduction Act of 1980, as amended), dated December 11, 1980, to allow the public to participate more fully and meaningfully in the Federal paperwork review process.

AUTHORITY

Public Law 96-511, amended, 44 U.S.C. 3507; and 5 CFR 1320.

DISCLOSURE OF BURDEN

Public reporting burden for the collection of information, entitled "National Flood Insurance Program Policy Forms" is estimated to average 10 minutes per response. The estimated burden includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the forms. Send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collection Management, Federal Emergency Management Agency, 500 C Street, SW; Washington, D.C. 20472; and to the Office of Management and Budget, Paperwork Reduction Project (3067-0022); Washington, D.C. 20503.

DISCLOSURE OF GUARANTY FUND NON-PARTICIPATION

In the event the insurer is unable to fulfill its contractual obligation under this policy or contract or application or certificate or evidence of coverage, the policyholder or the certificate holder is not protected by an insurance guaranty fund or other solvency protection arrangement. However, this policy is backed by funds in the U.S. Treasury as provided by Federal Law.

As of April 1, 2015 a \$10,000 deductible option is available to all residential property owners for both building and contents coverage. As with all deductibles, the insured is responsible for initial out-of-pocket loss expenses to the extent of the deductible selected before any claim payment is made to the insured.

Insured's Name: MAIRA SHIPP
Policy Number: FLD530143
Effective Date: 08/19/2020
Property Address: 407 BAYSHORE DR
LA PORTE, TX 77571-6410

**VERIFICATION OF PRIMARY RESIDENCE STATUS FOR
NFIP POLICY RATING**

To be eligible for the discounted primary residence surcharge of \$25.00 please sign the attached affidavit.

The above address is my primary residence, and I and/or my spouse will live at this location for more than 50 percent of the 365 days following the policy effective date.

Insured Name (Printed)

Insured Signature

Date

PURSUANT TO 28 U.S.C. § 1746 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY CAUSE MY POLICY TO BE VOID, AND MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.