

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name **MICHAEL J. MCSHANE & PAMELA S. MCSHANE**

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
18607 SANDY COVE

City **HOUSTON (NASSAU BAY)** State **TX** ZIP Code **77058**

Policy Number:

Company NAIC Number:

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 64, BLOCK 4, BAL HARBOUR COVE REPLAT, HARRIS COUNTY, TEXAS

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **RESIDENTIAL**

A5. Latitude/Longitude: Lat **29.55105** Long **-95.077828** Horizontal Datum: NAD 1927 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 **6**

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) **1329** sq ft

b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade **2**

c) Total net area of flood openings in A8.b **2.332** sq in

d) Engineered flood openings? Yes No

A9. For a building with an attached garage:

a) Square footage of attached garage **NA** sq ft

b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade **NA**

c) Total net area of flood openings in A9.b **NA** sq in

d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number CITY OF NASSAU BAY, 485491		B2. County Name HARRIS		B3. State TEXAS	
B4. Map/Panel Number 48201 C 1090	B5. Suffix L	B6. FIRM Index Date 06-18-2007	B7. FIRM Panel Effective/Revised Date 06-18-2007	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 12.0 FEET

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

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source: _____

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

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: **RM101030, EL.=12.18 FEET** Vertical Datum: **NAVD 1988**
 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) **9.2** feet meters

b) Top of the next higher floor **19.7** feet meters

c) Bottom of the lowest horizontal structural member (V Zones only) **NA** feet meters

d) Attached garage (top of slab) **NA** feet meters

e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) **17.9** feet meters

f) Lowest adjacent (finished) grade next to building (LAG) **7.5** feet meters

g) Highest adjacent (finished) grade next to building (HAG) **8.5** feet meters

h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support **6.9** feet 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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments.

Certifier's Name **TERRANCE MISH** License Number **4981**

Title **R.P.L.S.** Company Name **PRECISION SURVEYORS INC.**

Address **950 THREADNEEDLE ST. #150** City **HOUSTON** State **TX** ZIP Code **77079**

Signature *Terrance Mish* Date **12-30-2013** Telephone **281 496 1586**



IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 18607 SANDY COVE	Policy Number:
City HOUSTON (NASSAU BAY) State TX ZIP Code 77058	Company NAIC Number:

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments A8. b) 2 FLOOD VENTS ARE WITH 1' OF INTERIOR FINISHED FLOOR AND THERE ARE 3 INTERIOR FLOOD VENTS (SHOWN ON ATTACHMENT AS VENT 2A-C) WITHIN 1' OF FINISHED FLOOR. WITH 1,166 SQUARE INCHES EACH, TOTAL 3,498 OF SQUARE INCHES C.2 e): AIR CONDITIONER ON RAISED PLATFORM. C2. f) WAS TAKEN AT FRONT LEFT OF ENCLOSED ACCESS. C2. g) WAS TAKEN @ THE REAR RIGHT.

Signature  Date 12-30-2013

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 8–9 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'S 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's or Owner's Authorized Representative's Name _____

Address	City	State	ZIP Code
Signature	Date	Telephone	

Comments _____ Check here if attachments.

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
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- 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 _____ Check here if attachments.

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
18607 SANDY COVE

Policy Number:

City HOUSTON (NASSAU BAY)

State TX

ZIP Code 77058

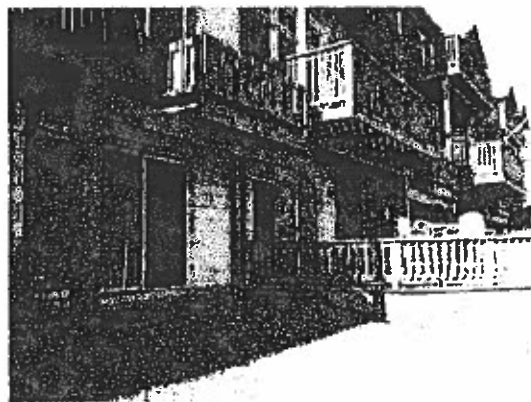
Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

FRONT VIEW WITH VENT UNDER STAIRS, 12-10-2013



REAR VIEW, 12-10-2013



Building Photographs

Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
18607 SANDY COVE

City HOUSTON (NASSAU BAY)

State TX

ZIP Code 77058

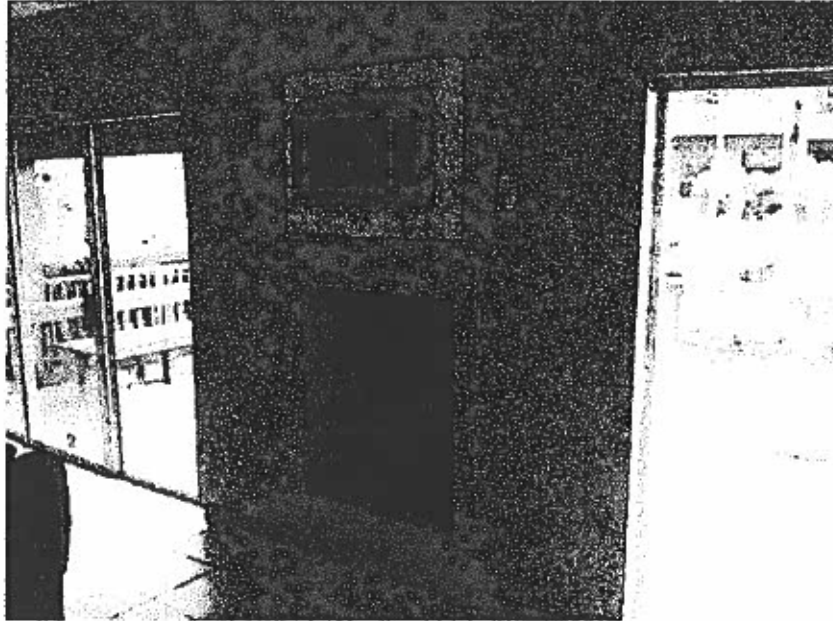
FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

VIEW OF VENT INSIDE STORAGE ROOM, 12-13-2013



VIEW OF VENT TO GARAGE INSIDE STORAGE ROOM, 12-13-2013

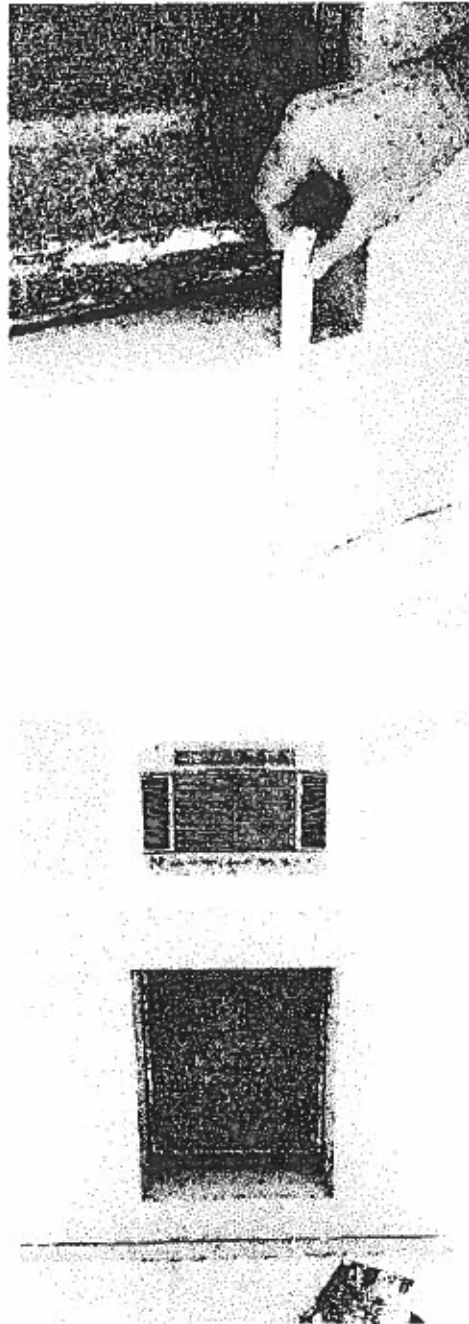


Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 18607 SANDY COVE	For Insurance Company Use: Policy Number
City HOUSTON (NASSAU BAY) State TX ZIP Code 77058	Company NAIC Number
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."	

VENT 1A, 12-30-2013

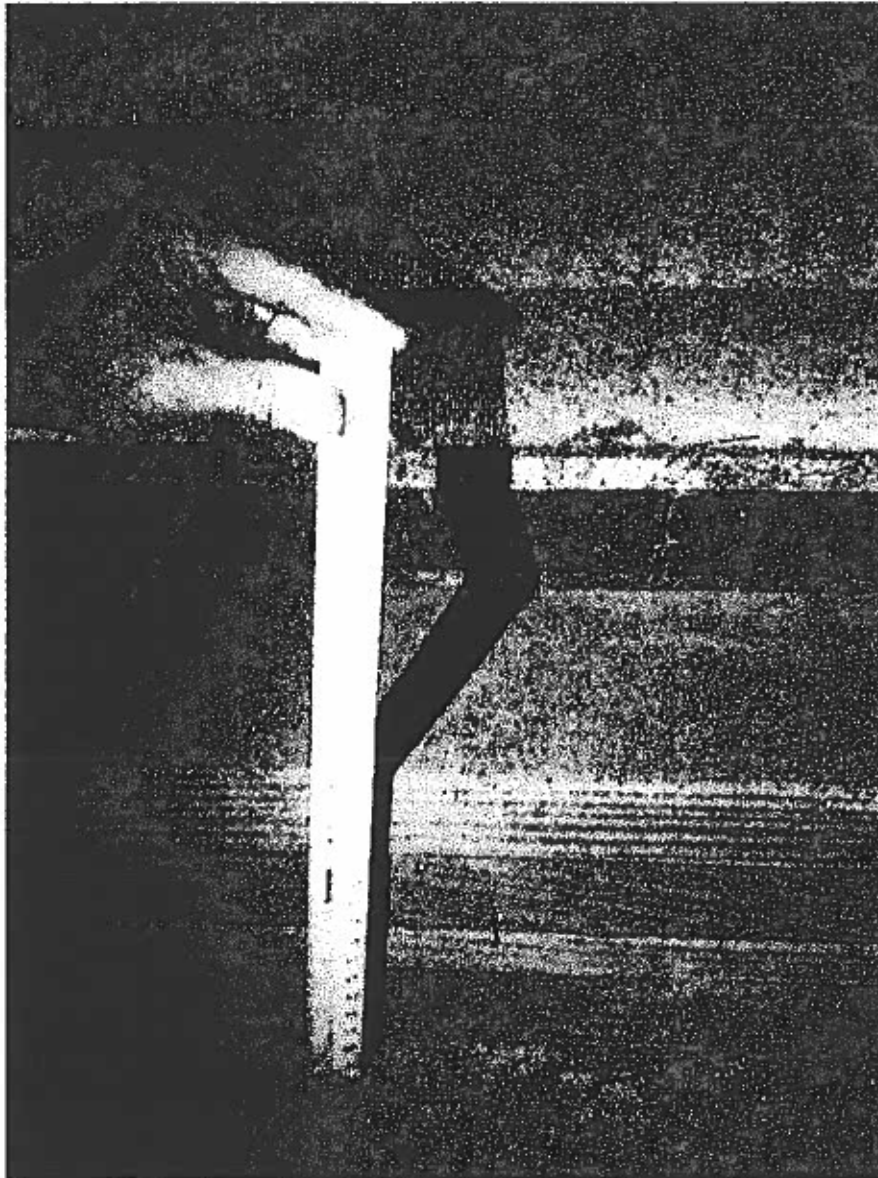


Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 18607 SANDY COVE	For Insurance Company Use: Policy Number
City HOUSTON (NASSAU BAY) State TX ZIP Code 77058	Company NAIC Number
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."	

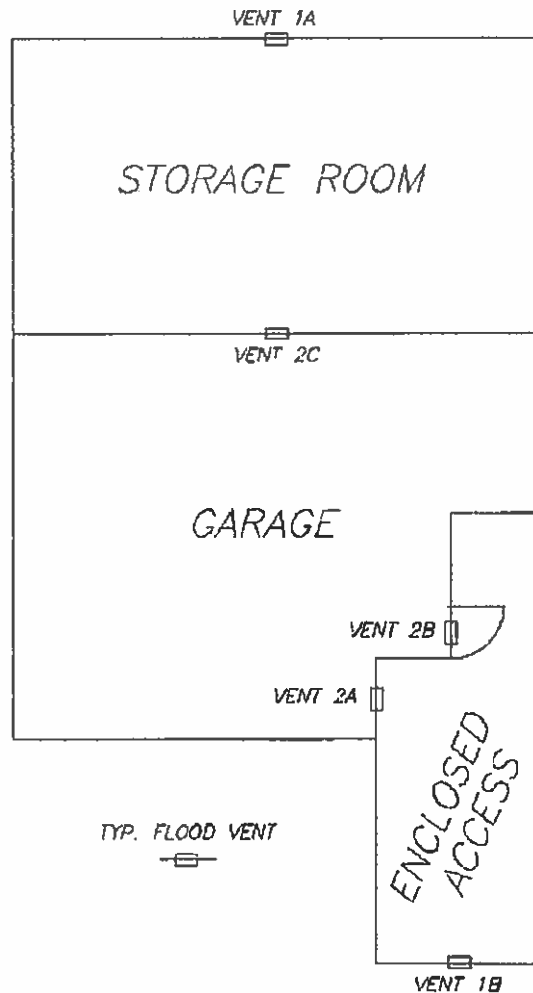
VENT 1B, 12-30-2013



Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 18607 SANDY COVE	For insurance Company Use: Policy Number
City HOUSTON (NASSAU BAY) State TX ZIP Code 77056	Company NAIC Number
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."	

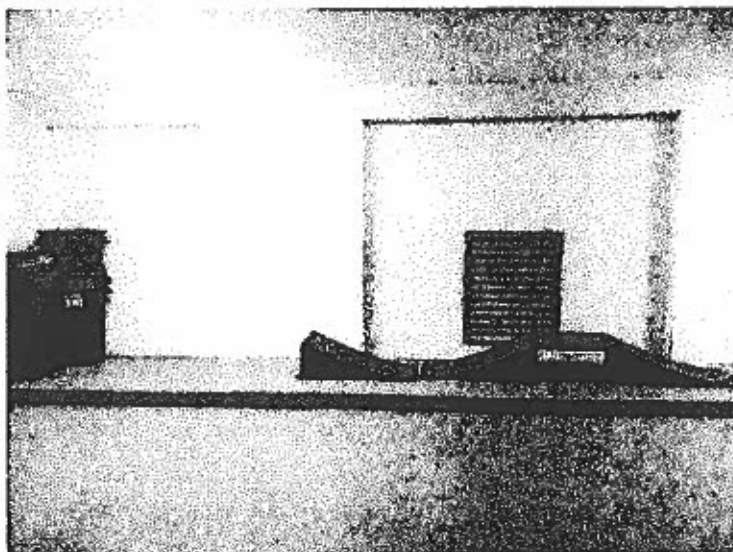
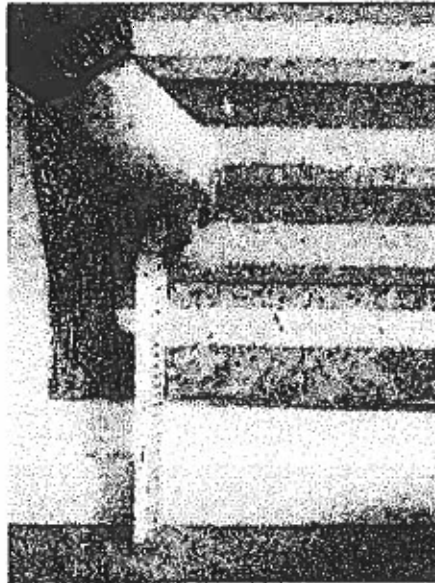


Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 18607 SANDY COVE	For Insurance Company Use: Policy Number
City HOUSTON (NASSAU BAY) State TX ZIP Code 77058	Company NAIC Number
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."	

VENT 2C, 12-30-2013





Policy Number: 87053389622021

FLOOD POLICY DECLARATIONS

American National Property And Casualty Company

Standard Policy

Type: Renewal
Policy Period: 01/15/2021 To 01/15/2022
Original New Business Effective Date: 01/15/2014
Reinstatement Date:
Form: Dwelling

For payment status, call: (888) 245-7274
These Declarations are effective
as of: 01/15/2021 at 12:01 AM

Address Info	Producer Name and Mailing Address: J-K BROWN ENTERPRISES INC AMERICAN NATIONAL INSURANCE 3032 MARINA BAY DR STE 100 LEAGUE CITY, TX 77573-4668	Insured Name and Mailing Address: MC SHANE, MICHAEL MC SHANE, PAMELA 18607 SANDY CV HOUSTON, TX 77058-4369
	NFIP Policy Number: 8705338962 Agent/Agency #: 02900-01806-000 Reference #: Phone #: (281) 334-2886	NAIC Number: 28401 Processed by: Flood Insurance Processing Center P.O. Box 2057 Kalispell MT 59903-2057

Property Info	Property Location: 18607 SANDY CV HOUSTON, TX 77058-4369	Building Description: Single Family Three or More Floors Elevated With Enclosure Main House Townhouse/Rowhouse
	Primary Residence: Y Premium Payor: 1st Mortgagee Flood Risk/Rated Zone: AE Current Zone: VE Community Number: 48 5491 1090 L Community Name: NASSAU BAY, CITY OF Grandfathered: Yes Post-Firm Construction Program Type: Regular	Newly Mapped into SFHA: Elev Diff: 8 Elevated Building: Y No Addition(s) and Extension(s) Replacement Cost: \$324,600 Number of Units: 1

Coverage & Rating	Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
	Building:	250,000	.270 / .080	1,250	0-	108.00	Premium Subtotal:	489.00
Contents:	150,000	.380 / .120	1,250	4-	181.00	Multiplier:		
Contents Location:	Lowest Floor Above Ground Level and Higher Floors					ICC Premium:	6.00	
	THIS IS AN ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD FLOOD INSURANCE POLICY. Coverage Limitations May Apply. See Your Policy Form for Details.					CRS Discount:	74.00	
						Reserve Fund Assmt:	76.00	
						HFLAA Surcharge:	25.00	
						Federal Policy Fee:	50.00	
						Probation Surcharge:	.00	
						Endorsement Amount:	.00	
						Total Premium Paid:	572.00	

Mortgage Info	First Mortgage: SPECIALIZED LOAN SERVICING INC ISAOA PO BOX 4500 SPRINGFIELD, OH 45501-4500 Loan#: 1013229170	Loss Payee:
	Second Mortgage:	Disaster Agency:

Refer to www.fcma.gov/cost-of-flood for more information about the risk of flooding and how it impacts the cost of flood insurance.

**MICHAEL MCSHANE
18607 SANDY CV
HOUSTON, TX 77058-4369**



Texas FAIR Plan Association

Homeowners Policy

5700 South MoPac Expressway
Building A, Austin, TX 78749

PO Box 99080
Austin, TX 78709-9080

Phone: 800-979-6440

TFPH0600183928

Homeowners Policy



Texas FAIR Plan Association
 PO BOX 99080
 Austin, TX 78709-9080

Policy Declaration

Policy Number	Effective Date/Time	Expiration Date/Time
TFPH0600183928	January 16, 2021 12:01 a.m.	January 16, 2022 12:01 a.m.
Named Insured and Address		Agent
MICHAEL MCSHANE PAMELA MCSHANE 18607 SANDY CV HOUSTON, TX 77058-4369		J-K BROWN ENTERPRISES, INC 3032 MARINA BAY DR STE 100 LEAGUE CITY, TX 77573 Phone: (281) 334-2886

LOCATION INFORMATION

LOCATION ADDRESS	CONSTRUCTION	YEAR BUILT	OCCUPANCY	PPC	COUNTY
18607 SANDY COVE Nassau Bay, TX 77058	Brick or Stone Veneer	1998	Owner Occupied	02	Harris

COVERAGE SUMMARY

TOTAL POLICY PREMIUM \$4,447.32
\$100 minimum earned premium applies

SECTION I PROPERTY COVERAGES	AMOUNTS	LIMITS	PREMIUMS
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Coverage A			
Dwelling		\$324,600	\$5,139.00
Other Structures		\$32,460	Included
Loss Of Use		\$32,460	Included
Coverage B			
Personal Property		\$194,760	Included

SECTION I DEDUCTIBLES	AMOUNTS	LIMITS	PREMIUMS
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Other Perils	\$3,246		Included
Wind or Hail	\$3,246		Included

Homeowners Policy



Texas FAIR Plan Association
 PO BOX 99080
 Austin, TX 78709-9080

Policy Declaration

Policy Number	Effective Date/Time	Expiration Date/Time
TFPH0600183928	January 16, 2021 12:01 a.m.	January 16, 2022 12:01 a.m.
Named Insured and Address		Agent
MICHAEL MCSHANE PAMELA MCSHANE 18607 SANDY CV HOUSTON, TX 77058-4369		J-K BROWN ENTERPRISES, INC 3032 MARINA BAY DR STE 100 LEAGUE CITY, TX 77573 Phone: (281) 334-2886

SECTION II LIABILITY COVERAGES	AMOUNTS	LIMITS	PREMIUMS
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Coverage C			
Personal Liability		\$300,000	\$19.00
Coverage D			
Medical Payments to Others			
Limit - Per Person		\$5,000	Included
Limit - Per Occurrence		\$25,000	Included

POLICY FORMS AND ENDORSEMENTS				
NUMBER	EDITION	NAME	LIMITS	PREMIUMS

HO	6/1/2018	TFPA Homeowners Policy	N/A	Included
ASB EXCL	2/1/2017	Asbestos Exclusion Disclosure	N/A	Included
HO-400	2/1/2017	Sudden and Accidental Discharge, Eruption, Overflow or Release of Water or Steam	\$5,000	\$138.00
HO-802	2/1/2017	Replacement Cost Coverage A (Dwelling)	Included	Included
HO-803	2/1/2017	Replacement Cost for Personal Property	Included	\$257.00

CREDITS AND SURCHARGES	
DESCRIPTION	PREMIUMS

Loss History Adjustment	-\$1,111.00
Volunteer Firefighter Assessment	\$5.32

ADDITIONAL INTEREST	
NAME AND ADDRESS	

SPECIALIZED LOAN SERVICING LLC ISAOA PO BOX 620188 Atlanta, GA 30362	Interest Type: Mortgage Position: Loan Number:	Mortgagee First Mortgage 1013229170
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Homeowners Policy



Texas FAIR Plan Association
PO BOX 99080
Austin, TX 78709-9080

Policy Declaration

Policy Number	Effective Date/Time	Expiration Date/Time
TFPH0600183928	January 16, 2021 12:01 a.m.	January 16, 2022 12:01 a.m.
Named Insured and Address		Agent
MICHAEL MCSHANE PAMELA MCSHANE 18607 SANDY CV HOUSTON, TX 77058-4369		J-K BROWN ENTERPRISES, INC 3032 MARINA BAY DR STE 100 LEAGUE CITY, TX 77573 Phone: (281) 334-2886

ADDITIONAL NAMED INSURED

NAME

PAMELA MCSHANE