If your Policy Form has changed you can go to www.MyFlood.com/PolicyForm to receive an updated copy.

ALLSTATE INSURANCE COMPANY Flood Insurance Processing Center P.O. Box 2057 Kalispell MT 59903-2057

> Mail To: Agent Renewal

O'DONOHOE AGENCY 5928 STEWART RD GALVESTON, TX 77551



## Policy Number: 38002286072021

## FLOOD POLICY DECLARATIONS ALLSTATE INSURANCE COMPANY



010101

Standard Policy

Type: Renewal

Policy Period: 03/12/2021 To 03/12/2022

Original New Business Effective Date: 03/12/2004

Reinstatement Date:

Form: Dwelling

For payment status, call: (800) 527-2634

These Declarations are effective as of: 03/12/2021 at 12:01 AM

**Producer Name and Mailing Address:** 

O'DONOHOE AGENCY 5928 STEWART RD GALVESTON, TX 77551 **Insured Name and Mailing Address:** 

KING, MEREDITH & KING, DAVID 215 PEPPERMINT DR

LAKE JACKSON, TX 77566-4360

NFIP Policy Number: 3800228607 Agent/Agency #: 19232-35792-000

Reference #:

Phone #: (409)744-1888

NAIC Number: 19232

Processed by:

Flood Insurance Processing Center P.O. Box 2057 Kalispell MT 59903-2057

**Property Location:** 

611 16TH ST GALVESTON, TX 77550-4803

Primary Residence: N

Premium Pavor: 1st Mortgagee

Flood Risk/Rated Zone: AE Current Zone: AE

Community Number: 48 5469 0026 E Community Name: GALVESTON, CITY OF

Grandfathered: Yes Pre-Firm Construction

Program Type: Regular

**Building Description:** 

Single Family Two Floors

Elevated Without Enclosure

Main House

**Newly Mapped into SFHA:** 

Elev Diff: N/A

Elevated Building: Y

Includes Addition(s) and Extension(s)

Replacement Cost:

\$85,000

**Number of Units:** 

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Mortgage Info

Address Info

Property Info

Building:	168,000	.780 /	.080	1,250	11-	543.00	Premium Subtotal:	648.00
Contents:	30,500	.400 /	.120	1,250	2 -	105.00	Multiplier:	
Contents	Lowest F	loor Abov	ICC Premium:	8.00				
Location:	Level ar	nd Higher	Floor	CRS Discount:	131.00			
							Reserve Fund Assmt:	95.00
			HFIAA Surcharge:	250.00				
			Federal Policy Fee:	50.00				
			Probation Surcharge:	.00				
							Endorsement Amount:	.00
Coverag	ge Limitations N	May Apply. Se	Total Premium Paid:	920.00				

Type Coverage Rates Deduct Discount Sub Total Premium Calculation

First Mortgage:

GATEWAY MORTGAGE GROUP A Division of Gateway First Bank PO BOX 5013

TROY, MI 48007 Loan#: 13408361 Loss Payee:

**Second Mortgage:** 

Disaster Agency:

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

Ster Sorenen

Swam L Lees Secretary

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