

HOMEOWNER POLICY DECLARATIONS



SCOTTSDALE INSURANCE COMPANY®

Policy Number

HOS1313977

Home Office:

One Nationwide Plaza Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY

HOS1886036

Renewal of Number

Named Insured and Mailing Address:

WADE DOVER  
P.O. BOX 600  
JASPER TX 75951

General Agent:

BURNS & WILCOX LTD (CRAVENS DARGAN)

Insured's Producer:

Agent No.:

Program No.:

Policy Period:

From: 06-06-2021

To: 06-06-2022

Term: 1 Year

12:01 A.M. Standard Time at the Described Location.

This insurance applies to the Residence Premises, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a Premium is stated. The Residence Premises:

3409 BEACH COMBER, CRYSTAL BEACH, TX 77650

Property Coverages:	Limits of Liability	Premiums
A—Dwelling	\$ 236,900	\$ 145
B—Other Structures	\$ 23,690	\$ 82
C—Personal Property	\$ 142,140	\$ 488
D—Loss of Use	\$ 23,690	\$ 82
<b>Additional Perils Insured Against:</b>	<u>Limits of Liability</u>	<u>Premiums</u>
	\$	\$
	\$	\$
	\$	\$
<b>Liability Coverages:</b>	<u>Limits of Liability</u>	<u>Premiums</u>
E—Personal Liability	\$ 500,000	\$ 70
F—Medical Payments to Others	\$ 5,000	\$ 20
	\$	\$
	\$	\$
	\$	\$
<b>Optional Coverages:</b>	<u>Limits of Liability</u>	<u>Premiums</u>
Loss Assessment	\$ 1,000	\$ INCLUDED
Water Backup	\$ 25,000	\$ INCLUDED
	\$	\$
	\$	\$

Deductibles: All Other Perils: 1% WIND/HAIL DED: EXCLUDED

Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:

NONE

Rating Information: Year of Construction: 2005 Territory: 002 Fire District or Town: Protection Class: 07

Construction: MASONRY No. of Families: 1 Occupancy: SECONDARY

Feet From Hydrant: 1000 Miles From Fire Station: 5 Square Feet: 1370

Policy Totals: County: GALVESTON Sub-Total Premium: \$ 887.00

Billed to: AGENT

No Flat Cancellations

Total Taxes and Fees: \$ 332.23

**Total Policy Premium: \$ 1,219.23**

Minimum Earned Premium: \$ 222.00

THIS DECLARATIONS PAGE, WITH POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY.

Samuel Carson

HOS-D-2 (8-01)

05-27-21

CCMU  
FLUA

Insured Copy

**Residential Declarations Page**  
**Texas Windstorm Insurance Association**  
**P.O. Box 99090 Austin, Texas 78709-9090**

Policy Number: TWIA-000838300-04

Policy Period: Jun 17, 2021, to Jun 17, 2022  
 12:01 A.M. Standard Time at the property location

**Name and Mailing Address of Agent:**

Morgan Insurance Agency Inc  
 3708 S Medford Dr  
 Lufkin, TX 75901

**Name and Mailing Address of Insured:**

Wade Dover  
 PO Box 600  
 Jasper, TX 75951-0034

**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 : Wade Dover

**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	<b>Property Description: Single Family Dwelling</b> 3409 Beachcomber, Crystal Beach, Galveston County, TX, 77650 Complex: Sand Castle Beach 1, Building: 1, Unit: 1 Underwriting Details: Stories: 1; Construction: Frame; Roof: Shingles, Asphalt/Fiberglass; Occupancy: Secondary Dwelling Adjustment amounts included in the premium for each item: Personal Property Replacement Cost \$128.00 Indirect Loss \$83.00 Deductible 4% -\$1,332.00 Item #1-A forms: 320 802 220 800	80%	4%	\$9,560	365 320	\$239,000.00	\$1,359.00
1	B	<b>Description: Personal Property located at:</b> 3409 Beachcomber, Crystal Beach, Galveston County, TX, 77650 Complex: Sand Castle Beach 1, Building: 1, Unit: 1 Underwriting Details: Stories: 1; Construction: Frame; Roof: Shingles, Asphalt/Fiberglass; Occupancy: Secondary Dwelling	Nil	4%	\$4,000		\$100,000.00	\$202.00

Total Limit / Total Premium: \$339,000.00 \$1,561.00

Total Surcharges: \$0.00

Total Premium + Total Surcharges: \$1,561.00

Original  
 Part 1, Page 1 of 2



**COVERAGES - Windstorm and Hail Only**

Attached to and forming part of Policy Number: TWIA-000838300-04

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 %   Amt	Form Number	Limit of Liability	Premium
<i>Adjustment amounts included in the premium for each item:</i>							
		Personal Property Replacement Cost		\$19.00	365		
		Indirect Loss		\$12.00	320		
		Deductible 4%		-\$198.00			
<i>Item #1-B forms: 320 365</i>							
----- End of Items Schedule -----							

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



WESTFIELD™

Policy Number: 2411216560

FLOOD POLICY DECLARATIONS
Westfield Insurance Company

Type: Renewal
Standard Policy
Policy Period: 07/01/2021 To 07/01/2022
Original New Business Effective Date: 07/01/2018
Reinstatement Date:
Form: Dwelling

Reference Number: 99060867692021
For payment status, call: (888) 245-7274
These Declarations are effective
as of: 07/01/2021 at 12:01 AM

Address Info

Producer Name and Mailing Address:
MORGAN INSURANCE AGENCY LTD
3708 S MEDFORD DR
LUFKIN, TX 75901-5752

Insured Name and Mailing Address:
Member Id: 00013019
DOVER, WADE
PO BOX 600
JASPER, TX 75951-0034

NFIP Policy Number: 9906086769
Agent/Agency #: 19480-01255-000
Reference #:
Phone #: (936) 634-7755

NAIC Number: 24112
Processed by:
Flood Insurance Processing Center
P.O. Box 2057 Kalispell MT 59903-2057

Property Info

Property Location:
3409 BEACH COMBER
PORT BOLIVAR, TX 77650
Primary Residence: Y
Premium Payor: Insured
Flood Risk/Rated Zone: VE Current Zone:
Community Number: 48 5470 0327 G
Community Name: GALVESTON COUNTY\*
Grandfathered: No
Post-Firm Construction
Program Type: Regular

Building Description:
Single Family
Two Floors
Elevated With Enclosure
Main House
None
Newly Mapped into SFHA:
Elev Diff: 7-
Elevated Building: Y
No Addition(s) and Extension(s)
Replacement Cost: \$230,000
Number of Units: 1

Coverage & Rating

Table with columns: Type, Coverage, Rates, Deduct, Discount, Sub Total, Premium Calculation. Rows include Building, Contents, Location, and various premium calculations like ICC Premium, CRS Discount, etc.

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.

Mortgage Info

First Mortgage: 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.

Ed Lopez (Signature) President
Frank Corrado (Signature) Secretary