

FLOOD POLICY DECLARATIONS
American Bankers Insurance Company of Florida
Scottsdale, AZ 85261-4337

Type: Renewal
Policy Period: 08/29/2021 To 08/29/2022
Original New Business Effective Date: 08/29/2019
Reinstatement Date:
Form: Dwelling

Preferred Risk

To report a claim call: (800) 423-4403
These Declarations are effective
as of: 08/29/2021 at 12:01 AM

Address Info

Producer Name and Mailing Address:
GEICO INSURANCE AGENCY
1 GEICO BLVD FL 4
FREDERICKSBURG, VA 22412-9000

Insured Name and Mailing Address:
BEITLER, LISA
BEITLER, JOSEPH
181 PARADISE TRL
COLDSRING, TX 77331-6106

NFIP Policy Number: 7405935414
Agent/Agency #: 0B0000
Reference #: 70164-00000-000
Phone #: (855)395-9765

NAIC Number: 10111
Processed by:
Flood Service Center
P.O. Box 8695 Kalispell MT 59904-8695

Property Info

Property Location:
181 PARADISE TRL
COLDSRING, TX 77331-6106

Building Description:
Single Family
Two Floors
No Basement/Enclosure/Crawlspace
Main House
Main House

Primary Residence: Y
Premium Payor: Insured
Flood Risk/Rated Zone: X **Current Zone:**
Community Number: 48 0553 0250 C
Community Name: SAN JACINTO COUNTY*
Grandfathered: No
Post-Firm Construction
Program Type: Regular

Newly Mapped into SFHA:
Elev Diff: N/A
Elevated Building: Y
No Addition(s) and Extension(s)
Replacement Cost: \$220,000
Number of Units: 1

Coverage & Rating

Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
Building:	250,000	/	1,250			Premium Subtotal:	436.00
Contents:	100,000	/	1,250			Multiplier:	
Contents Location:	Lowest Floor Above Ground Level and Higher Floors					ICC Premium:	6.00
						CRS Discount:	.00
						Reserve Fund Assmt:	80.00
						HFIAA Surcharge:	25.00
						Federal Policy Fee:	25.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
						Total Premium Paid:	572.00

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.

Mortgage Info

First Mortgage: _____ **Loss Payee:** _____

Second Mortgage: _____ **Disaster Agency:** _____