

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM  
**ELEVATION CERTIFICATE**

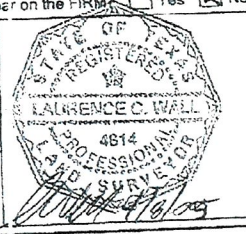
O. M.B. No. 3067-0077  
Expires December 31, 2005

Important: Read the instructions on pages 1 - 7.

|   |  |   |
|---|--|---|
| <b>SECTION A - PROPERTY OWNER INFORMATION</b>   |  | For Insurance Company Use:  |
| BUILDING OWNER'S NAME<br><b>JMC Express Construction</b>  |  | Policy Number   |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.<br><b>1122 Tiki Drive</b>           |  | Company NAIC Number   |
| CITY<br><b>Galveston</b>  | STATE<br><b>Texas</b>  | ZIP CODE  |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br><b>Lot 23 Tiki Island #2</b>              |  |   |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)<br><b>Residential</b> |  |   |
| LATITUDE/LONGITUDE (OPTIONAL)<br>(###° - ##' - ##.###" or ###°###'##")  | HORIZONTAL DATUM:<br><input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 | SOURCE: <input type="checkbox"/> GPS (Type):<br><input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other |

|  |                                     |  |  |  |
|--|-------------------------------------|--|--|--|
| <b>SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION</b>   |                                     |  |  |  |
| B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER<br><b>Village of Tiki Island #481585</b>  | B2. COUNTY NAME<br><b>Galveston</b> | B3. STATE<br><b>TX</b>                 |  |  |
| B4. MAP AND PANEL NUMBER<br><b>481585 0001</b>   | B5. SUFFIX<br><b>D</b>              | B6. FIRM INDEX DATE<br><b>11/01/85</b> | B7. FIRM PANEL EFFECTIVE/REVISED DATE<br><b>11/01/85</b> | B8. FLOOD ZONE(S)<br><b>V20</b>  |
|  |                                     |  |  | B9. BASE FLOOD ELEVATION(S)<br>(Zone AD, use depth of flooding)<br><b>15</b> |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.<br><input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): |                                     |  |  |  |
| B11. Indicate the elevation datum used for the BFE in B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe):  |                                     |  |  |  |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Designation Date:   |                                     |  |  |  |

|  |                             |
|--|-----------------------------|
| <b>SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)</b>  |                             |
| C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> <b>Finished Construction</b><br>*A new Elevation Certificate will be required when construction of the building is complete.   |                             |
| C2. Building Diagram Number <b>6</b> (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)   |                             |
| C3. 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<br>Complete Items C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.<br>Datum <b>BS</b> Conversion/Comments |                             |
| Elevation reference mark used <b>NGS</b> Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                             |
| <input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)  | <b>6.7</b> ft.(m)           |
| <input type="checkbox"/> b) Top of next higher floor   | <b>19.0</b> ft.(m)          |
| <input checked="" type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)  | <b>17.2</b> ft.(m)          |
| <input type="checkbox"/> d) Attached garage (top of slab)  | <b>N/A</b> ft.(m)           |
| <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)   | <b>19.0</b> ft.(m)          |
| <input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)   | <b>6.0</b> ft.(m)           |
| <input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)  | <b>6.4</b> ft.(m)           |
| <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade  | <b>N/A</b> sq. in. (sq. cm) |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h   | <b>N/A</b> sq. in. (sq. cm) |



|   |                                   |                                  |                          |
|---|-----------------------------------|----------------------------------|--------------------------|
| <b>SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION</b>   |                                   |                                  |                          |
| 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 in Sections A, B, and C 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. |                                   |                                  |                          |
| CERTIFIER'S NAME<br><b>Laurence Wall</b>  | LICENSE NUMBER<br><b>4814</b>     |                                  |                          |
| TITLE<br><b>RPLS</b>  | COMPANY NAME<br><b>TLTS, Inc.</b> | STATE<br><b>TX</b>               | ZIP CODE<br><b>77550</b> |
| ADDRESS<br><b>1801 Moody Avenue</b>   | CITY<br><b>Galveston</b>          | TELEPHONE<br><b>409.765.8883</b> |                          |
| SIGNATURE<br><i>Laurence Wall</i>   | DATE<br><b>4/8/05</b>             |                                  |                          |

**STANDARD FLOOD NON-BINDING QUOTE**



Wright National Flood Insurance Company  
 A Stock Company  
 PO Box 33003  
 St. Petersburg, FL, 33733  
 Office: 800.820.3242  
 Fax: 800.850.3299

| AGENCY INFORMATION |                                    | QUOTE INFORMATION |                  |
|--------------------|------------------------------------|-------------------|------------------|
| Agency Number      | 85861                              | Quote Number      | 42QT5332345299   |
| Agency             | COMISKEY CAPITAL INS AGENCY<br>INC | Applicant         | TRITTEL, PHILLIP |
| Address            | 401 TIKI DR,                       | Current Date      | 04/02/2024       |
| City, State, Zip   | TIKI ISLAND, TX 77554-8146         | Effective Date    | 05/02/2024       |
| Phone Number       | 409.935.0086                       | Rating Method     | Rating Engine    |

| BUILDING INFORMATION   |                            |                           |   |
|------------------------|----------------------------|---------------------------|---|
| Property Address       | 1122 TIKI DR               | Building Replacement Cost | \$209,410                                     |
| City, State, Zip       | TIKI ISLAND, TX 77554-8121 | Building Square Footage   | 1274 sq. ft.                                  |
| Construction Date      | 07/01/2004                 | Occupancy Type            | Single Family Home                            |
| Primary Residence      | Yes                        | Foundation Type           | Elevated with Enclosure (Post, Pile, or Pier) |
| Pre-FIRM               | No                         | # of Floors               | 1   |
| Newly Mapped Discount  | No                         | Elevation Certificate     | Yes   |
| Machinery & Equipment  | Elevated                   | Lowest Floor Elevation    | 19.0 feet                                     |
| Building Flood Proofed | No                         |                           |   |

| COMMUNITY INFORMATION |                                  | COVERAGE/PREMIUM INFORMATION |           |            |
|-----------------------|----------------------------------|------------------------------|-----------|------------|
| Program Type          | Flood Regular Policies           | Coverage                     | Limits    | Deductible |
| Community             | 481585 - TIKI ISLAND, VILLAGE OF | Building                     | \$250,000 | \$10,000   |
| Flood Risk/Rated Zone | VE                               | Discount/Surcharge           | \$346     |            |
| Zone Determination #  | DRP00000000016885877             | 1 Year Premium               | \$2,113   |            |
| Zone Reference #      | 1439274485                       |                              |           |            |

**IMPORTANT NOTES**

**THIS IS NOT AN OFFER FOR INSURANCE. THIS QUOTE IS NON-FIRM AND NON-BINDING AND SUBJECT TO REVIEW AND ADJUSTMENT.**

Please submit the required documentation listed on your application summary for review and approval. If additional information is required to actuarially rate the risk, you will be contacted.

**FLOOD INSURANCE WAIVER OF AGENT'S RESPONSIBILITY**

I understand that, if I decline this protection, my agent and/or his/her agency will be held harmless and not liable in the event I suffer a flood loss. I have been made aware of the following facts:

1. Homeowners insurance does not cover flood damage.
2. Federal disaster assistance is most typically an interest-bearing loan.
3. Flooding can and does occur in low-risk zones nationwide.

(Initial next to the following. Sign and date at the bottom.)

\_\_\_\_\_ I reject building and contents coverage for flood protection.

\_\_\_\_\_ I reject contents coverage for flood protection.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This quote is issued by Wright National Flood Insurance Company 20240402151026

The online application process must be completed. *Please do not submit this form with your payment.*

Carefully review the quote being provided for accuracy. Price and terms associated with this quote are subject to underwriting review and may not be available if FEMA rates change. Please refer to the policy for complete terms, conditions, and exclusions. Please refer to [www.ambest.com](http://www.ambest.com) for rating, financial size category and additional information on the insurance carrier shown on this quote.



STANDARD FLOOD NON-BINDING QUOTE



Wright National Flood Insurance Company  
A Stock Company  
PO Box 33003  
St. Petersburg, FL, 33733  
Office: 800.820.3242  
Fax: 800.850.3299

AVAILABLE DEDUCTIBLE/PREMIUM COMBINATIONS

| Building | Contents | Discount/Surcharge | Total Premium |
|----------|----------|--------------------|---------------|
| \$1,250  | \$0      | \$0                | \$2,320       |
| \$2,000  | \$0      | \$0                | \$2,306       |
| \$5,000  | \$0      | \$0                | \$2,228       |
| \$10,000 | \$0      | \$0                | \$2,113       |

This quote is issued by Wright National Flood Insurance Company

20240402151026

The online application process must be completed. *Please do not submit this form with your payment.*

Carefully review the quote being provided for accuracy. Price and terms associated with this quote are subject to underwriting review and may not be available if FEMA rates change. Please refer to the policy for complete terms, conditions, and exclusions. Please refer to [www.ambest.com](http://www.ambest.com) for rating, financial size category and additional information on the insurance carrier shown on this quote.



**Residential Quote Summary**  
**-Not a Binder or Policy-**

This quote summary is a preliminary indication of premiums, limits, and coverages being considered by the applicant; it is not an offer of coverage. The premiums, limits, and coverages quoted in this document are not binding on TWIA, are not guaranteed by TWIA, and may differ from the insurance policy that may be issued by TWIA.

All quotes are subject to underwriting review. TWIA assumes no responsibility and has no liability for failure of the applicant or their agent to effect coverage.

**CUSTOMER INFORMATION**

|   |   |
|---|---|
| <b>DATE QUOTED:</b> 04/02/2024                                      | <b>POLICY/OFFER NUMBER:</b> 0011516010  |
| <b>PROPOSED EFFECTIVE DATE:</b> 04/02/2024 12:01 a.m.               | <b>TRANSACTION TYPE:</b> Submission   |
| <b>POLICY PERIOD:</b>   | <b>ACCOUNT NUMBER:</b> W000431659   |
| <b>FROM:</b> 04/02/2024 12:01 a.m. <b>TO:</b> 04/02/2025 12:01 a.m. |   |
| <b>CUSTOMER NAME AND MAILING ADDRESS:</b>                           |   |
| PHILLIP TRITTEL<br>1122 TIKI DRIVE<br>TIKI ISLAND TX 77554          | <b>AGENCY NAME AND LOCATION</b><br>COMISKEY CAPITAL INSURANCE AGENCY INC<br>COMISKEY CAPITAL INSURANCE AGENCY INC (1333)<br>401 TIKI DR<br>TIKI ISLAND TX 77554<br>(409) 935-0086 |
| <b>PROPERTY LOCATION:</b>   |   |
| 1122 TIKI DRIVE<br>TIKI ISLAND TX 77554                             | <b>OCCUPANCY:</b><br>Primary Residence  |
| <b>COUNTY:</b> GALVESTON  |   |

**COVERAGE AND PREMIUM INFORMATION**

**TOTAL PREMIUM AND SURCHARGES:** \$1,951.00

**COVERAGE SUMMARY**

| <b>DWELLING AND PERSONAL PROPERTY</b> | <b>LIMIT</b>     | <b>PREMIUMS</b> |
|---------------------------------------|------------------|-----------------|
| <b>WIND AND HAIL COVERAGE</b>         |                  |                 |
| <u>Coverage A</u>                     |                  |                 |
| Structure                             | \$294,000        | \$3,202         |
| Valuation Method: Replacement Cost    |                  |                 |
| Replacement Cost Value: \$285,954     |                  |                 |
| Actual Cost Value: \$214,465          |                  |                 |
| Deductible 3%                         | \$8,820          | -\$1,050        |
| <u>Coverage B</u>                     |                  |                 |
| Personal Property                     | \$147,000        | \$569           |
| Valuation Method: Replacement Cost    |                  |                 |
| Replacement Cost Value: N/A           |                  |                 |
| Actual Cost Value: N/A                |                  |                 |
| Deductible 3%                         | \$4,410          | -\$200          |
| <u>Indirect Loss Coverage</u>         | See Endorsements | \$336           |
| Additional Living Expense             |                  |                 |
| Wind Driven Rain                      |                  |                 |
| Consequential Loss                    |                  |                 |

| POLICY FORMS AND ENDORSEMENTS |            |   |       |          |
|-------------------------------|------------|---|-------|----------|
| NUMBER                        | EDITION    | NAME  | LIMIT | PREMIUMS |
| TWDP                          | 04/01/2020 | TWIA Dwelling Policy  | N/A   | Included |
| TWIA-220                      | 03/01/2012 | Automatic Adjusted Building Cost Endorsement                  | N/A   | Included |
| TWIA-311                      | 04/30/2021 | Extension of Coverage - Additional Living Expense             | N/A   | Included |
| TWIA-321                      | 04/30/2021 | Extension of Coverage - Wind Driven Rain                      | N/A   | Included |
| TWIA-331                      | 04/30/2021 | Extension of Coverage - Consequential Loss                    | N/A   | Included |
| TWIA-365                      | 11/08/2019 | Conversion to Replacement Cost Coverage B (Personal Property) | N/A   | \$152    |
| TWIA-802                      | 11/08/2019 | Replacement Cost Coverage A (Dwelling)                        | N/A   | Included |

| CREDITS AND SURCHARGES                   |          |
|--|----------|
| DESCRIPTION                              | PREMIUMS |
| Building Code Credit - Dwelling          | -\$925   |
| Building Code Credit - Personal Property | -\$133   |

| TWIA PAYMENT PLANS     |              |             |            |
|------------------------|--------------|-------------|------------|
| Name                   | Down Payment | Installment | Total      |
| TWIA Full Pay          | \$1,951.00   | \$0.00      | \$1,951.00 |
| TWIA 2 Pay             | \$975.50     | \$975.50    | \$1,951.00 |
| TWIA 4 Pay             | \$585.30     | \$455.24    | \$1,951.00 |
| TWIA 10 Pay (Auto Pay) | \$292.65     | \$184.27    | \$1,951.00 |



9020 Stony Point Pkwy, Ste 450,  
 Richmond VA 23235  
 1-877-275-9578 or 1-804-330-4652  
 Fax 1-804-330-9485  
[www.quickhome.com](http://www.quickhome.com)

### PERSONAL LINES QUOTE PROPOSAL

| Applicant Name and Mailing Address                                | Mortgagee Name, Mailing Address, Loan Number |
|---|--|
| Trittel, Phillip<br>1122 Tiki Drive<br>TIKI ISLAND<br>TX<br>77554 |  |

|                            |  |
|----------------------------|--|
| Type of Insurance          | Homeowners                                 |
| Company                    | 1153-Certain Underwriters at Lloyds,London |
| Program/Form/Description   | 1153/HO3                                   |
| Effective Date (from - to) | 05/01/2024 - 05/01/2025                    |

|  |
|--|
| Covered Risk Address (if different to Mailing Address) |
| Same as mailing address                                |

### COVERAGES AND LIMITS OF LIABILITY

| Coverage - Property            | Limit     | Loss Provision   | Deductible                 |
|--------------------------------|-----------|------------------|----------------------------|
| Dwelling - Coverage A          | \$427,000 | Replacement Cost | Wind Coverage Excluded     |
| Other Structures - Coverage B  | \$42,700  |                  | \$2,500 (All Other Perils) |
| Personal Property - Coverage C | \$213,500 | Replacement Cost |                            |
| Loss of Use/Rents - Coverage D | \$85,400  |                  |                            |

| Optional Coverage - Property     | Limit    |
|----------------------------------|----------|
| Water Damage Sublimit            | \$10,000 |
| Ordinance Or Law Coverage Amount | \$42,700 |
| Golf Cart Collision Coverage     | Excluded |
| Loss Assessment Coverage         | \$1,000  |

| Optional Coverage - Liability            | Limit     |
|--|-----------|
| Personal Liability                       | \$300,000 |
| Medical Payments to Others (Each Person) | \$5,000   |

### Notes

|   |
|---|
| <b>The Coverage A Building Value that you have requested may not be equal to the home's Replacement Cost Value. Please speak with your insurance agent to confirm proper coverage amount.</b> |
|---|

|                        |                     |
|------------------------|---------------------|
| Basic Premium          | \$2,159.00          |
| Stamp Fee              | \$0.95              |
| InspectionFee          | \$60.00             |
| FilingFee              | \$0.00              |
| PolicyFee              | \$150.00            |
| Surplus Lines Tax      | \$114.90            |
| Total Premium          | \$2,484.85          |
| Minimum Earned Premium | 25.0 % at inception |

|               |                            |
|---------------|----------------------------|
| Date Prepared | 04-04-2024                 |
| Agency        | Comiskey Capital Insurance |

Note, fees are 100% earned at inception.

This quote is a non-binding rate indication that is subject to a signed application and confirmation from our office.

04-04-2024 12:56:59