



Amica General Agency
 P.O. Box 33003
 St. Petersburg, FL 33733-8003
 1-800-820-3242

FFL 99.001 0314
 0089791
 10/04/14

FLOOD DECLARATIONS PAGE

2000 11523 FLD RGLR

AMENDED EFFECTIVE: 9/04/14

Policy Number	NFIP Policy Number	Product Type: Standard Policy
98 1000779311 03	1002927446	Dwelling Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 9/04/14 To: 9/04/15 12:01 am Standard Time	10/04/2014	0053101	98 1000779311 02

Insured
 RICK ROSS
 LIRA MERCER
 9311 MAYBACH DR
 HOUSTON TX 77096-3507

AMICA GENERAL AGENCY LLC
 HOUSTON REGIONAL OFFICE
 2277 PLAZA DR STE 400
 SUGAR LAND TX 77479-6701

Property Location (if other than above)
 9311 MAYBACH DR, HOUSTON TX 77096

Address may have been changed in accordance with USPS standards.

Rating Information	
Building Occupancy: Single Family	Community Name: HOUSTON, CITY OF
Primary Residence: Y	Community #: 480296
Number of Floors: Two Floors	Community Rating: 05 / 25%
Building Indicator: Non-Elevated	Program Status: Regular
Basement/Enclosure/Crawlspace: No Basement	Flood Risk/Rated Zone: AE
Condo Type: N/A	Map Panel/Suffix: 0865 L
	Grandfathered: No

Coverage	Deductible	Premium
BUILDING	\$250,000	\$1,992.00
CONTENTS	\$60,800	\$769.00
	ANNUAL SUBTOTAL:	\$2,761.00

THIS IS NOT A BILL

DEAR MORTGAGEE
 The Reform Act of 1994 requires you to notify the WYO company for this policy within 60 days of any changes in the servicer of this loan.

The above message applies only when there is a mortgage on the insured location.

DEDUCTIBLE DISCOUNT/SURCHARGE:	\$.00
ICC PREMIUM:	\$55.00
COMMUNITY RATING DISCOUNT:	\$705.00
RESERVE FUND ASSESSMENT:	\$106.00
PROBATION SURCHARGE:	\$.00
FEDERAL POLICY SERVICE FEE:	\$44.00
PRIOR PREMIUM AND FEES:	\$2,284.00
PREMIUM AND FEES ADJUSTMENT:	\$23.00-
TOTAL OF PREMIUMS AND FEES:	\$2,261.00

Premium Paid by: Insured

Special Provisions:
 Pre-FIRM Subsidized
 This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Coverage Limitations may apply. Please refer to your Flood Insurance Policy Form for details.

Forms and Endorsements:
 WFL 99.414 0414 0614 FFL 99.310 1012 1010 WFL 99.116 0614 0614

This policy is issued by
 Wright National Flood Insurance Company A stock company
 Copy Sent To: As indicated on back or additional pages, if any.

H. Neal Conolly, President

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00008

Broker



ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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

SECTION A – PROPERTY INFORMATION					FOR INSURANCE COMPANY USE	
A1. Building Owner's Name					Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.					Company NAIC Number:	
City		State		ZIP Code		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____						
A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> 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 _____						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s) _____ sq ft						
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____						
c) Total net area of flood openings in A8.b _____ sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No						
A9. For a building with an attached garage:						
a) Square footage of attached garage _____ sq ft						
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____						
c) Total net area of flood openings in A9.b _____ sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No						
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number				B2. County Name		B3. State
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____						
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA						

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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.			Policy Number:
City	State	ZIP Code	Company NAIC Number

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 1–2 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 or Owner's Authorized Representative's Name

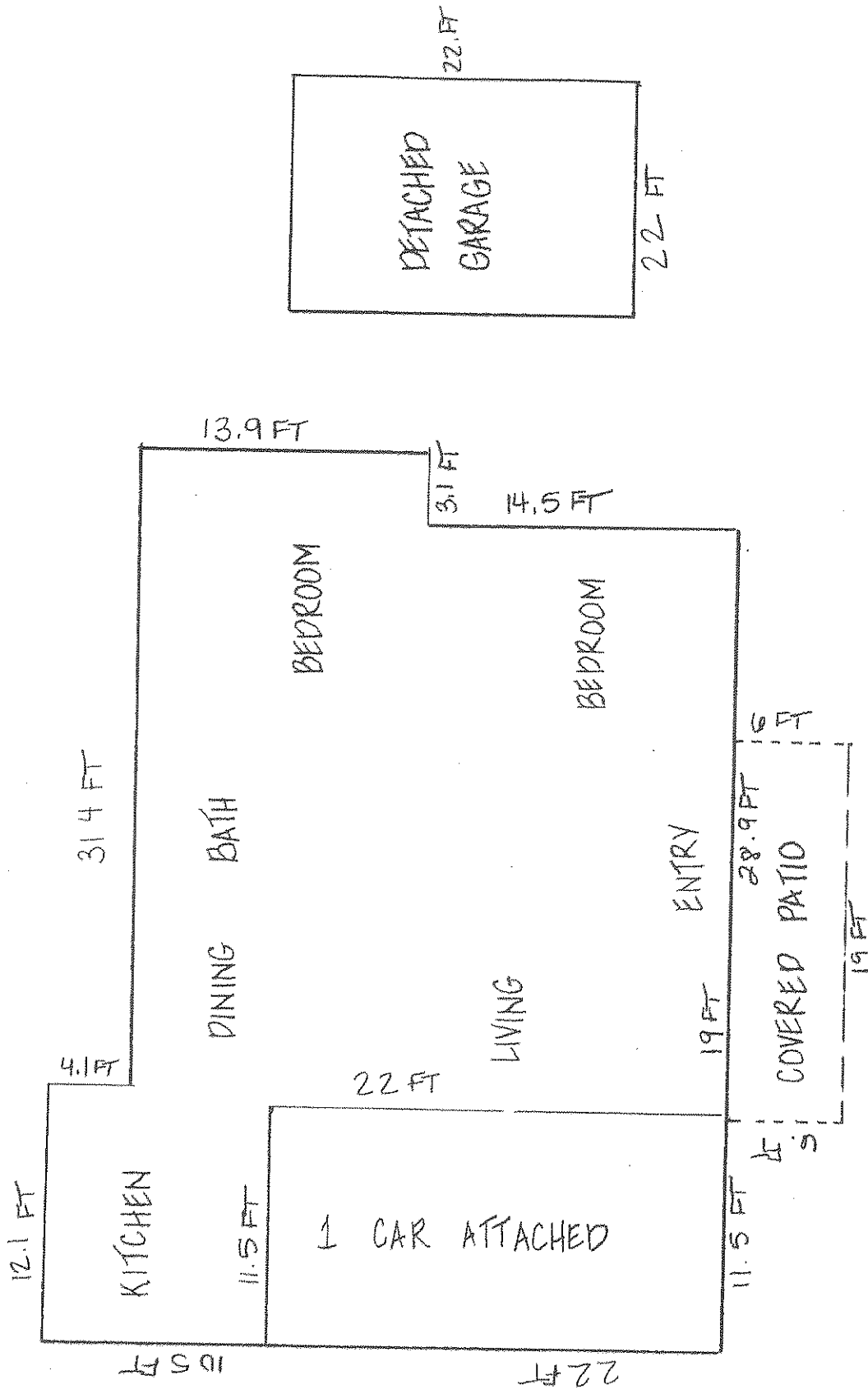
Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments

Check here if attachments.

Example Sketch



EXAMPLE OF LOSS HISTORY

NATIONAL FLOOD INSURANCE PROGRAM PROPERTY LOSS HISTORY

11-357085

CURRENT COMPANY/POLICY NUMBER: AMERICAN STRATEGIC INS. CORP./OFLD273809

CURRENT PROPERTY ADDRESS:

XXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXX

THE INFORMATION PROVIDED BELOW IS THE FLOOD INSURANCE LOSS PAYMENT HISTORY FOR CLAIMS PAID BY THE NATIONAL FLOOD INSURANCE PROGRAM SINCE 1978 FOR THE ABOVE PROPERTY ADDRESS. LOSSES OCCURRING WITHIN 180 DAYS PRIOR TO THIS LOSS HISTORY MAY NOT BE INCLUDED IN THIS REPORT. IF YOU HAVE ANY QUESTIONS ABOUT THIS INFORMATION PLEASE CONTACT THE NFIP AT 866-395-7496.

DATE OF LOSS	BUILDING PAYMENTS	CONTENTS PAYMENTS	TOTAL PAYMENTS
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NO LOSSES ON FILE

THE FLOOD MITIGATION ASSISTANCE (FMA) PROGRAM WAS AUTHORIZED BY THE NATIONAL FLOOD INSURANCE REFORM ACT OF 1994 AND AMENDED BY THE BIGGERT-WATERS FLOOD INSURANCE REFORM ACT OF 2012. THE FMA PROGRAM PROVIDES FUNDS ON AN ANNUAL BASIS TO STATES AND LOCAL COMMUNITIES FOR PROJECTS THAT EITHER REDUCE OR ELIMINATE THE LONG-TERM RISK OF FLOOD DAMAGE TO BUILDINGS, HOMES, AS WELL AS OTHER STRUCTURES THAT ARE INSURED UNDER THE NATIONAL FLOOD INSURANCE PROGRAM (NFIP). THE FMA PROGRAM PROVIDES FEDERAL GRANT FUNDS FOR ELIGIBLE MITIGATION ACTIVITIES, SUCH AS ELEVATING AN NFIP-INSURED STRUCTURE. MITIGATED PROPERTIES MAY ALSO QUALIFY FOR REDUCED FLOOD INSURANCE RATES. AS AN INDIVIDUAL, YOU MAY NOT APPLY FOR AN FMA GRANT ON YOUR OWN, BUT YOUR LOCAL COMMUNITY OR COUNTY MAY APPLY FOR A GRANT ON YOUR BEHALF. TO OBTAIN ADDITIONAL INFORMATION ON THE FMA PROGRAM AND OTHER MITIGATION GRANT PROGRAMS, PLEASE CONTACT YOUR LOCAL FLOODPLAIN MANAGER OR STATE HAZARD MITIGATION OFFICER, OR GO TO THE FEMA HAZARD MITIGATION ASSISTANCE WEBSITE AT www.fema.gov/hazard-mitigation-assistance.