

# FLOOD CERTIFICATE

OMB No. 1660-0008  
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

## SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name Joshua Brown and Melanie Brown	For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 133335 Davida Drive	Policy Number
City Beaumont State TX ZIP Code 77713	Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 7, Block 3, Hall Heights Addition	

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential

A5. Latitude/Longitude: Lat. 30°08'42.7" Long. 94°15'56.4"

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. Horizontal Datum:  NAD 1927  NAD 1983

A7. Building Diagram Number 1

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s)	<u>NA</u> sq ft	A9. For a building with an attached garage:	
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade	<u>NA</u>	a) Square footage of attached garage	<u>NA</u> sq ft
c) Total net area of flood openings in A8.b	<u>NA</u> sq in	b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	<u>NA</u>
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		c) Total net area of flood openings in A9.b	<u>NA</u> sq in
		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number Bevil Oaks & 480878		B2. County Name Jefferson		B3. State Texas	
B4. Map/Panel Number 4808780005	B5. Suffix C	B6. FIRM Index Date 5/13/77	B7. FIRM Panel Effective/Revised Date 9/4/87	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 28.2

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.  
 FIS Profile  FIRM  Community Determined  Other (Describe) \_\_\_\_\_

B11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other (Describe) \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  
 CBRS  OPA  Yes  No

## SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction

\*A new Elevation Certificate will be required when construction of the building is complete.

C2. 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. Complete items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.  
Benchmark Utilized BMB Vertical Datum NGVD 1929  
Conversion/Comments Benchmark BMB from City of Bevil Oaks Benchmarks prepared by Charles R. Haile & Associates.

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>29.1</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>NA</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>NA</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>NA</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>28.7</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG)	<u>27.5</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG)	<u>28.5</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>NA</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

## SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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 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.

Check here if comments are provided on back of form.

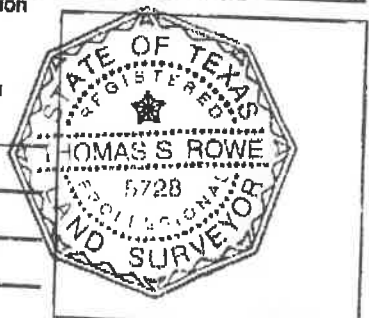
Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No

Certifier's Name Thomas S. Rowe License Number RPLS No. 5728

Title Vice President Company Name Mark W. Whiteley and Associates, Inc.

Address 3250 Eastex Freeway City Beaumont State TX ZIP Code 77703

Signature [Signature] Date 10/5/2010 Telephone 408-892-0421



**IMPORTANT: In these spaces, copy the corresponding information from Section A.**

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

13335 Davida Drive

City Beaumont State TX ZIP Code 77713

For Insurance Company Use:

Policy Number

Company NAIC Number

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

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

Comments Elevation noted for C2e is the top of the air conditioner pad.

Signature

Date 10/5/2010

DS  
TS

Check here if attachments

**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 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 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's or Owner's Authorized Representative's Name

Address

City

State

ZIP Code

Signature

Date

Telephone

Comments

Check here if attachments

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

- G1.  The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
-------------------	------------------------	---

- G7. This permit has been issued for:  New Construction  Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  feet  meters (PR) Datum \_\_\_\_\_
- G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_  feet  meters (PR) Datum \_\_\_\_\_
- G10. Community's design flood elevation \_\_\_\_\_  feet  meters (PR) Datum \_\_\_\_\_

Local Official's Name \_\_\_\_\_ Title \_\_\_\_\_

Community Name \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

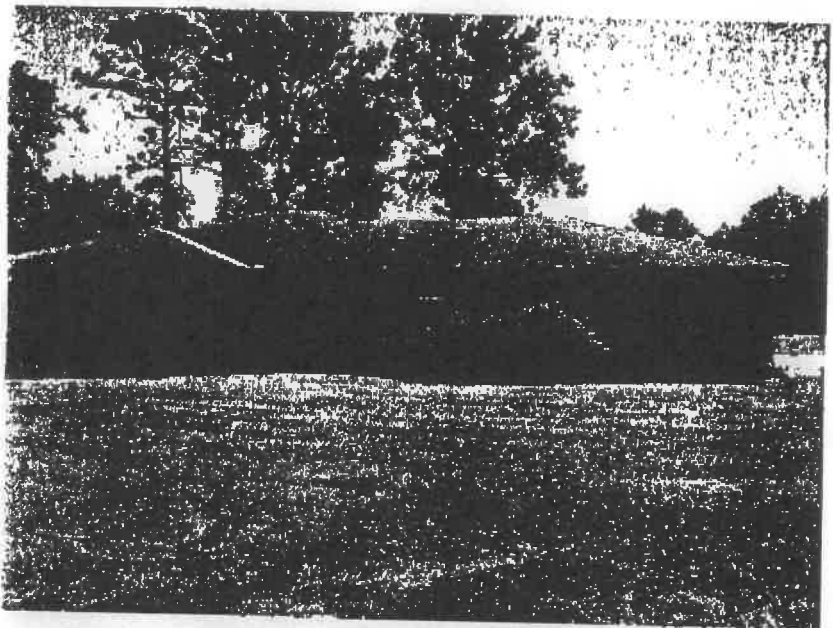
Comments \_\_\_\_\_

Check here if attachment

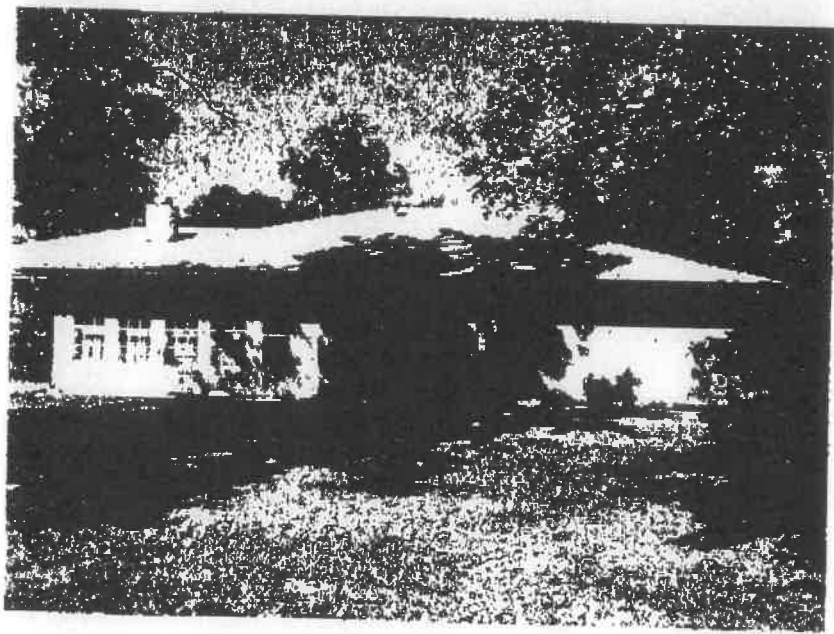
# Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 13335 Davida Drive	For Insurance Company Use: Policy Number
City Beaumont State TX ZIP Code 77713	Company NAIC Number
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page on the reverse.	



Front View



Rear View

DS  
TS

**Alistate Insurance Company**  
**PO Box 2964, Shawnee Mission, KS 66201-1364**

**FLOOD INSURANCE APPLICATION PART 1 (OF 2)**

- New Business
- Rollover
- Transfer
- Renewal

Current Policy Number:

**Direct Bill Instructions**

- Bill Insured
- Bill First Mortgagee
- Bill Second Mortgagee
- Bill Loss Payee
- Bill Other

Policy Period is from **05/03/2018** to **05/03/2019**  
 12:01 a.m. Local Time at the Insured Property Location

- Waiting Period:  Standard 30 Day
- Transfer - No Waiting Period
  - Loan Transaction - No Waiting

Map Rev. (Zone change from Non-SFHA to SFHA) - One Day. Indicate the property purchase date: 3/1/2018

**Insurance Agent/Producer**

Agency ID: **0E0262**

**Name and Mailing Address of Insured**

**ANN TRUONG AGENCY**  
 360 S MLK STE A  
 BEAUMONT, TX 77701

TEL: 409-813-3123 Email: A0B0262@alstate.com

**Marlen Aquines Longoria**  
**Julio Orlando Perez Sanchez**  
 2178 SOUTH  
 BEAUMONT, TX 77701

TEL: 409-499-4036

For an address with multiple buildings and/or for a building with additions or extensions, describe the insured building:

Is insurance required for disaster assistance?  Yes  No  
 Case Number:

If yes, check the government agency:  SBA  FEMA  FHA  
 Other:

**Name and Address of First Mortgagee**

**Sesmas, Teresa**  
 3645 Steelton  
 Beaumont, TX 77703

Is insurance required under mandatory purchase?  Yes  No

Is insured property location same as insured's mailing  
 Yes  No - If No, enter property address. If rural, describe property location (Do not use P.O. Box).

**13335 DAVIDA DR**  
**BEAUMONT, TX 77713-9467**

**Rating Map Information**

County or Parish:  
 Community No./Panel No. and Suffix:  
**480878 0005 C**

FIRM Zone: **AE** Map Date: **09/04/1987**  
 Flood Zone Certificate ID: **1803A97938**  
 Community Program Type:  Regular  Emergency

Grandfathered?  Yes  No  
 If Yes,  Built In Compliance?  Continuous Coverage?  
 Prior Policy Number:  
 Current Community No./Panel No. and Suffix:

Current FIRM Zone:  
 Current Map Date: **09/04/1987** Current BFE:

- Building occupancy:
- Single Family
  - 2-4 Family
  - Other Residential
  - Non-Residential Business
  - Other Non-Residential

- Number of floors in entire building (include basement or enclosed area, if any), or building type:
- 1 Floor  2 Floors
  - 3 or more  Split Level
  - Townhouse/Rowhouse (RCBAP Lowrise Only)
  - Manufactured (Mobile) Home on Foundation

- Residential Condominium Building Association Policy only. Total number of units: (Include Non-Res)
- High-Rise  Low-Rise

- Is building elevated?  Yes  No
- Is building a rental property?  Yes  No
- If building is elevated, complete Part 2 of this Application.
- Is the insured a tenant?  Yes  No

- Basement, enclosure, or crawlspace below an elevated building?
- None
  - Finished Basement/Enclosure
  - Unfinished Basement/Enclosure
  - Crawlspace
  - Subgrade Crawlspace

- Is the insured a small business?  Yes  No
- Is the insured a non-profit entity?  Yes  No
- Is the building a house of worship?  Yes  No
- Is building an agricultural structure?  Yes  No

- Is building insured's primary residence?  Yes  No
- Building Purpose
- 100% Residential
  - 100% Non-Residential
  - Mixed Use - Specify Percentage of Residential Use: 0%
- Condominium Form of Ownership?
- Yes  No
- Condo coverage is for:
- Unit  Entire Building

- If yes, area below is:
- Free of Obstruction
  - With Obstruction
- Is building over water?  No
- Does the building have any additions or extensions? (Additions and extensions may be separately insured)
- Yes  No
- Is building located on Federal Land?  Yes  No

- Contents Location:  Basement/enclosure only  
 Basement/enclosure and above  
 Lowest floor only above ground level

- Lowest floor only above ground level and higher
- Above ground level more than one full floor
- Manufactured (Mobile) Home

Note: If single family, contents are rated throughout the building.

Is personal property household contents?  Yes  No - If No, please describe:

Marlen Aquines Longoria  
Julio Orlando Perez Sanchez

**FLOOD INSURANCE APPLICATION PART 2 - CONT.**

- New Business
- Rollover
- Transfer
- Renewal

Current Policy Number:

**SECTION II - Elevated Buildings (Including Manufactured [Mobile] Homes)**

Elevating foundation type:

- Piers, posts or piles
- Reinforced masonry piers or concrete piers or columns
- Reinforced concrete shear walls
- Wood shear walls
- Solid foundation walls

Does the area below the elevated floor contain machinery or equipment?

- Yes  Furnace  Heat Pump  Air conditioner
- No  Hot Water Heater  Oil Tank  Cistern
- Elevator Equipment  Washer & Dryer  Food freezer
- Other equipment or machinery servicing the building

If Yes, select the value

- \$10,000  \$10,001 to \$20,000
- If greater than \$20,000 - indicate the amount:

Does the area below the elevated floor contain elevators?  Yes  No

If yes, how many? 0

Total square feet of enclosure/crawlspace:

If the answer to any of the questions regarding the area below the elevated floor is yes, or there is a garage, answer all the following.

Materials used to enclose the area below the elevated floor:

- Insect screening
- Light wood lattice
- Solid wood frame walls (breakaway)
- Solid wood frame walls (non-breakaway)
- Masonry walls (if breakaway, submit certification documentation)
- Masonry walls (non-breakaway)
- Other:

Does the area below the elevated floor contain a washer, dryer or food freezer?  Yes  No

If Yes, select the value below:

- Up to \$5,000  \$5,001 to \$10,000
- If greater than \$10,000 - indicate the amount:

Is the area below the elevated floor enclosed?

- No  Yes, fully  Yes, partially

Is there a garage? (Check one)

- No garage  Beneath the living space
- Next to the living space

Are there any openings (excluding doors) to allow the passage of flood waters through the enclosure/crawlspace?  Yes  No

If yes:

Permanent openings (flood vents) within a foot above adjacent grade:

Total area of all permanent openings (flood vents):

Are flood openings engineered?  Yes  No

If yes, submit certification

Does the enclosed area/garage have more than 20 linear feet of finished wall, paneling, etc.?  Yes  No

Is the enclosed area/crawlspace used for any purpose other than solely for parking of vehicles, building access or storage?  Yes  No

If yes, describe:

**SECTION III - Manufactured (Mobile) Homes**

Make:

Year of Manufacture:

Model Number:

Serial Number:

Manufactured (mobile) home dimensions: x feet.

Permanent additions or extensions?  Yes  No

If yes, the dimensions are x feet.

The manufactured (mobile) home's anchoring system utilizes:

- Over-the-top ties  Ground anchor  Frame connectors
- Frame ties  Slab anchors  Other:

The manufactured (mobile) home was installed in accordance with:

- Manufacturer's Specifications  State and/or Local Building Standards
- Local Floodplain Management Standards

Is the manufactured (mobile) home located in a manufactured (mobile) home park/subdivision?  Yes  No

THE PREMIUM PROVIDED IS SUBJECT TO VERIFICATION OR ADJUSTMENT BY THE COMPANY.  
NO COVERAGE IS PROVIDED OR IMPLIED BY THIS DOCUMENT.

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

Agent/Producer Signature

Date(mm/dd/yy)

Insured Signature (Optional)

Date (mm/dd/yy)

Application ID: 7230803

Create Date: 03/30/2018 Created By: Macedonia Albarran Sesa

PDA (10/04)

Marlen Aquines Longoria  
Julio Orlando Perez Sanchez

**FLOOD INSURANCE APPLICATION PART 1 - CONT.**

- New Business
- Rollover
- Transfer
- Renewal

Current Policy Number:

Pick One for Original Construction Date:  Building Permit Date  Date of Construction: **01/01/1978**  
 Indicate for Substantially Improved Date:  Substantial Improvement Date  
 Manufactured (mobile) home located in a mobile home park/subdivision, construction date of park or subdivision facilities  
 Manufactured (mobile) home outside a mobile home park/subdivision, date of permanent placement  
 Is building Post-FIRM construction?  Yes  No Building Diagram Number: **1A** Lowest Adjacent Grade (LAG): **27.5**  
 Is building in course of construction?  Yes  No Highest Adjacent Grade (HAG): **28.5**  
 IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION.  
 Lowest Floor Elevation: **29.1** (-) Base Flood Elevation: **28.2** (=) Difference (+ or -) To Nearest Foot: **1**  
 In Zones V, V1-V30 and VE only, does Base Flood Elevation include effects of Wave Action?  Yes  No  
 Is building Flood-Proofed?  Yes  No - (See Flood Insurance Manual for suggested certificate form.) Elevation Certification Date: **10/05/2010**  
 Is building walled and roofed?  Yes  No

Coverage	Basic Limits			Additional Limits (Regular Program only)			Deductible Adjustment +/-	Basic and Additional Total Amount Of Insurance	Total Premium
	Amount of Insurance	Rate	Annual Premium	Amount of Insurance	Rate	Annual Premium			
Building	60,000	.880	528	190,000	.140	266	-16.00	250,000	778
Contents	25,000	.480	120	75,000	.120	90	-4.00	100,000	206
Rate Type: (One building per policy - blanket coverage not permitted)							Annual Subtotal		\$ 984
<input checked="" type="checkbox"/> Manual <input type="checkbox"/> Submit for Rating <input type="checkbox"/> FEMA Rates <input type="checkbox"/> Alternative <input type="checkbox"/> V-Zone Rating Form <input type="checkbox"/> MPPP Rating <input type="checkbox"/> Optional Post 1981 V Zone Rating <input type="checkbox"/> Provisional Rating <input type="checkbox"/> Tentative Rating <input type="checkbox"/> Underinsured Condominium Master Policy							ICC Premium		5
Rate Table Code: <b>R3B</b> Deductible: <input checked="" type="checkbox"/> Building \$1,250 <input checked="" type="checkbox"/> Contents \$1,250 Deductible Buyback? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Estimated Building Replacement Cost (Including Foundation): <b>\$264,113</b>							Subtotal		989
Payment Type: Amount <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> ACH <input type="checkbox"/> Echeck							CRS Premium Discount 15%		-148
							Subtotal		841
							Reserve Fund 15%		126
							Subtotal		967
							Probation Surcharge		0
							HFIAA Surcharge		250
							Federal Policy Fee		50
							Total Prepaid Amount		\$ 1,267

**Important Disclosure Regarding Your Deductible Options**

A variety of deductible options are available for your flood insurance policy. Effective April 1, 2015, the National Flood Insurance Program is introducing a new deductible option of \$10,000 for policies covering 1-4 family residential properties.

A deductible is a fixed amount or percentage of any loss covered by insurance which is borne by the insured prior to the insurer's liability. Choosing the amount of your deductible is an important decision.

Although a higher deductible will lower the premium you pay, it most likely will reduce your claim payment(s) in the event of a covered loss, as the out-of-pocket expenses for repairs will be borne by you to the extent of the deductible selected. The deductible(s) you have chosen will apply separately to Building Property and Personal Property claims. If your mortgage lender is requiring this policy, it is important that you discuss higher deductible options with your lender before electing a deductible amount, as it may require a limited deductible.

**THE PREMIUM PROVIDED IS SUBJECT TO VERIFICATION OR ADJUSTMENT BY THE COMPANY. NO COVERAGE IS PROVIDED OR IMPLIED BY THIS DOCUMENT.**

**THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.**

Agent/Producer Signature: [Signature] Date: 4-3-18 (mm/dd/yy)  
 Insured Signature: [Signature] Date: 4-3-18 (mm/dd/yy)  
 (Optional)

Marlen Aquines Longoria  
Julio Ozlando Perez Sanchez

**FLOOD INSURANCE APPLICATION PART 2**

- New Business
- Rollover
- Transfer
- Renewal

Current Policy Number:

ALL APPROPRIATE DATA PROVIDED BY THE INSURED OR OBTAINED FROM THE ELEVATION CERTIFICATE SHOULD BE REVIEWED AND TRAN BELOW. THIS PART OF THE APPLICATION MUST BE COMPLETED FOR ALL BUILDINGS.

**Prior NFIP Coverage**

- Has the applicant had a prior NFIP policy for this property?  Yes  No
- Was the policy required by the lender under mandatory purchase?  Yes  No
- If Yes, has the prior NFIP policy ever lapsed while coverage was required under mandatory purchase by the lender?  Yes  No
- If Yes, was the lapse the result of a community suspension?  Yes  No
- If Yes, what is the suspension date?  
What is the reinstatement date?
- Will this policy be effective within 180 days of the community reinstatement after suspension referred to in above?  Yes  No

**SECTION I - All Building Types**

**Building Use:**

- Main House
- Detached Guest House
- Detached Garage
- Barn
- Apartment Building
- Apartment - Unit

- Cooperative Building
- Cooperative - Unit
- Warehouse
- Tool/Storage Shed
- Poolhouse, Clubhouse, Recreational Building
- Other: \_\_\_\_\_

**Garage:**

- Is there a garage attached to or part of the building?  Yes  No
- Total area of garage: \_\_\_\_\_
- Are there any openings (excluding doors) designed to allow the passage of flood waters through the garage?  Yes  No
- Is the garage used solely for parking of vehicles, building access and/or storage?  Yes  No
- Does the garage contain machinery or equipment?  Yes  No
- Furnace
  - Hot Water Heater
  - Elevator Equipment
  - Other equipment or machinery servicing the building
  - Heat Pump
  - Oil Tank
  - Washer & Dryer
  - Air Conditioner
  - Cistern
  - Food Freezer
- Does the garage have more than 20 linear feet of finished wall?  Yes  No

**Additions and Extensions (If Applicable)**

- Coverage is for :
- Building including addition(s) and extension(s)
  - Building excluding addition(s) or extension(s)
- Provide policy number for addition or extension : \_\_\_\_\_
- Addition or extension only (include description in the Property Location box in Part 1). Provide policy number for building excluding addition(s) or extension(s): \_\_\_\_\_

**Basement:**

- Is the basement/subgrade crawlspace below grade on all four sides?  Yes  No
- Does the basement/subgrade crawlspace contain machinery or equipment?  Yes  No
- Furnace
  - Hot Water Heater
  - Elevator Equipment
  - Other equipment or machinery servicing the building:
  - Heat Pump
  - Oil Tank
  - Washer & Dryer
  - Air conditioner
  - Cistern
  - Food freezer
- If Yes, select the value
- \$10,000
  - \$10,001 to \$20,000
  - If greater than \$20,000 - indicate the amount: \_\_\_\_\_
- Does the area below the elevated floor contain a washer, dryer or food freezer?  Yes  No
- If Yes, select the value
- Up to \$5,000
  - \$5,001 to \$10,000
  - If greater than \$10,000 - indicate the amount: \_\_\_\_\_
- Is the basement/subgrade crawlspace used for any purpose other than storage?  Yes  No