

Processed By:  
 e-Ins.net Flood Insurance Processing  
 P.O. Box 33018  
 St. Petersburg, FL 33733-8018  
 866-511-0793  
 FloodUnderwriting@e-Ins.net



**Standard Flood Insurance Quote**

<b>Quote Number:</b> Q1511497	Standard 30 Day Wait	<b>Policy Effective Date:</b> 08/22/2014
<b>Policy Type:</b> Dwelling Policy (DP)		New Business
<b>Named Insured:</b> JOHN AUGUST	<b>Agent Information:</b> 417434 - Tropical Bay Insurance 389 Commercial Ct., Ste. C Venice, FL 34292 (941) 244-2683 billbay@tropicalbay.net	
<b>Property Address:</b> 627 OWL WAY SARASOTA, FL 34236-1909		

**Property and Building Information**

<b>Current Information:</b> Flood Zone: A13 Community #: 125150 - 0009 - B Name: SARASOTA, CITY OF	<b>Rating Information:</b> Flood Zone: A13 Community #: 125150 - 0009 - B Name: Sarasota, City Of Firm Type: Post
<b>Building Description:</b> Single Family Built on Slab at Ground Level One Floor Main House/Building Walled and Roofed, and Not Over Water Primary Residence: Yes Construction Date: 01/01/1977 Grandfathered: No Replacement Cost: \$500,000	<b>Elevation Information:</b> Base Flood Elevation: 11 Lowest Floor Elevation: 12 Highest Adjacent Grade: 10 Elevation Difference: 0001 LowestAdjacentGrade: 9.4 ECDate: 11/20/2013
<b>Contents Information:</b> Lowest floor Only Above Ground Level	

Basic Limits					Additional Limits				
Coverage	Total Amount	Amount	Rate	Annual Premium	Amount	Rate	Annual Premium	Deductible Reduce/Increase	Total Premium
Building	250,000	60,000	0.71	426.00	190,000	0.10	190.00	-46.00	570.00
Contents	100,000	25,000	0.54	135.00	75,000	0.12	90.00	-17.00	208.00
Deductible -Building		2,000			<b>Annual Subtotal</b>				778.00
Deductible -Contents		2,000			<b>ICC Premium</b>				4.00
					<b>Reserve Fund Assessment</b>				31.00
					<b>Subtotal</b>				782.00
					<b>CRS Disc</b>				156.00
					<b>Probation Surcharge</b>				0.00
					<b>Federal Policy Fee</b>				44.00
					<b>Total Premium Amount</b>				<b>701.00</b>

REQUESTED COVERAGES (ONE BUILDING PER POLICY -BLANKET COVERAGES NOT PERMITTED)

PLEASE NOTE: The policy rating premium and effective date of coverage are subject to change based on our underwriting review of the application and all supporting documents received by the company as well as the timeliness of the premium received.

# ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

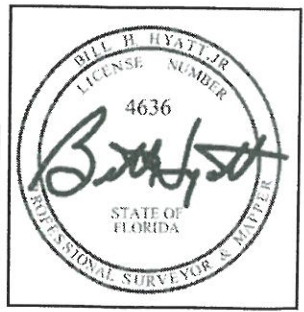
OMB No. 1660-0008  
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name JOHN AUGUST		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 627 OWL WAY		Company NAIC Number:
City SARASOTA	State FL	ZIP Code 34236
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 8, BLOCK 20, BIRD KEY SUBDIVISION, PLAT BOOK 11, PAGE 20.		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL		
A5. Latitude/Longitude: Lat. 27 DEG. 18'48.82" N Long. 82 DEG. 33'33.59" W Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" 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 ONE-B		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) N/A sq ft		a) Square footage of attached garage 529 sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A
c) Total net area of flood openings in A8.b N/A sq in		c) Total net area of flood openings in A9.b N/A sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 CITY OF SARASOTA 125150		B2. County Name SARASOTA		B3. State FL	
B4. Map/Panel Number 125150 0009	B5. Suffix B	B6. FIRM Index Date 09-29-1996	B7. FIRM Panel Effective/ Revised Date 02-15-1984	B8. Flood Zone(s) A13	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 11.0
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 checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" 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 checked="" type="checkbox"/> No Designation Date: ____ / ____ / ____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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. In Puerto Rico only, enter meters. Benchmark Utilized: DJ6009 26.08 Vertical Datum: NGVD29 Indicate elevation datum used for the elevations in items a) through h) below. <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ Datum used for building elevations must be the same as that used for the BFE.	
Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	12.00 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	N/A <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	10.69 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	11.29 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	9.43 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	10.00 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters

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.			
<input type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Check here if attachments.			
Certifier's Name BILL H HYATT JR		License Number 4636	
Title P.S.M.	Company Name ALLSTATE SURVEYING, LLC		
Address 1844 N NOB HILL ROAD	City SUNRISE	State FL	ZIP Code 33322
Signature	Date 11/20/13	Telephone (888) 569-0480	






**ELEVATION CERTIFICATE, page 2**

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 627 OWL WAY			Policy Number:	
City SARASOTA	State FL	ZIP Code 34236	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 C2e MACHINERY OR EQUIPMENT SERVICING THE BUILDING IS AN A/C UNIT. ON CONC. SLAB  
LATITUDE & LONGITUDE LOCATED USING HAND HELD GPS DEVICE  
NOT TO BE USED FOR CONSTRUCTION OR DESIGN, FLOOD INSURANCE USE ONLY.

Signature  Date 11/20/13

**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 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 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–G10. In Puerto Rico only, enter meters.

- 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
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- 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 Datum \_\_\_\_\_
- G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_ . \_\_\_\_\_  feet  meters Datum \_\_\_\_\_
- G10. Community's design flood elevation: \_\_\_\_\_ . \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

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

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

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

Comments \_\_\_\_\_

Check here if attachments.

**ELEVATION CERTIFICATE, page 3**

**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 627 OWL WAY			Policy Number:	
City SARASOTA	State FL	ZIP Code 34236	Company NAIC Number:	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 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." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

FRONT 11/20/13



REAR 11/20/13



<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or PO. Route and Box No. 627 OWL WAY			Policy Number:	
City SARASOTA	State FL	ZIP Code 34236	Company NAIC Number:	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

RIGHT 11/20/13



LEFT 11/20/13







**To:** JOHN AUGUST  
**From:** Tropical Bay Insurance, LLC  
**Date:** 7/23/2014  
**Insured:** JOHN AUGUST  
**Effective Date:** 07/23/2014  
**Expiration Date:** 07/23/2015  
**Agency Number:** 3006575  
**Premium:** United P & C is pleased to present your quote for Homeowners Insurance coverage in the amount of \$1,296.00.

**Rating Information**

**Applicant**

**Applicant:** JOHN AUGUST      **Quote Number:** QHV 3483792      **Phone Number:** (941)244-2683

**Location**

**Address:** 627 OWL WAY      **Option Line:**      **City:** Sarasota      **County:** SARASOTA  
**State:** Florida      **Postal Code:** 34236

**Property**

**Type of Residence:** Owner Occupied      **Responding Fire Department:** SARASOTA      **Number of Families:** 1      **Construction Type:** Masonry  
**Year Built:** 1977      **Protection Class:** 03      **Territory:** 583

**Coverage**

**Policy Form:** HO 00 03      **AOP/Hurricane Deductible:** None      **Sinkhole Deductible:** 10% / \$50,000.00      **AOP (Wind/Hail Excluded):** \$2,500.00

Coverage:	Limits (\$):	Premium:
Dwelling:	\$500,000.00	\$1,344.00
Other Structures:	\$10,000.00	-
Personal Property:	\$150,000.00	(\$125.00)
Loss of Use:	\$100,000.00	-
Liability:	\$300,000.00	\$21.00
Medical:	\$2,000.00	-

**Replacement Cost Contents:** Yes  
**Wind/Hail Exclusion:** Yes  
**SinkHole Exclusion:** No  
**Inflation Guard:** No Charge 4%  
**Burglar Alarm:** Not Applicable  
**Fire Alarm:** Not Applicable  
**Sprinkler:** Not Applicable  
**BCEG:** NG = UNGRADED .00 FACTOR  
**BCEG Certificate Year:** 0

Credits and Surcharges	Amount (\$):	Premium:
Wind/Hail Excl Credit	(\$2,050.00)	
Deductible (Credit/Surchrg)	(\$345.00)	
Older Home Surcharge	\$122.00	
<b>Optional Coverage:</b>	<b>Limits (\$):</b>	<b>Premium:</b>
Citizens Assessment Recoupment Extension		\$13.00
Emergency Preparedness Fund Fee		\$2.00
Florida Hurricane Catastrophe Fund Fee		\$16.00

Ordinance or Law Coverage - Increase Amount (Included in Dwelling Premium)	125000.00	\$0.00
Policy Fees & Surcharges		\$25.00
<b>Total Premium (12 months):</b>		<b>\$1,296.00</b>

*The quotation requested should be considered an estimate and is subject to change based on changes in rates or any other item by jurisdictions that have control over such items. The quote is valid until the effective date of the policy.*

**Payment Plan Options:**

- 1-Pay: Full Payment = \$1,296.00
  - 2-Pay: Down Payment = \$661.50, Final Payment = \$634.50 due in 60 days
  - 3-Pay: Down Payment = \$534.60, 2 Additional Payments of \$380.70 due in 60 days and 120 days
  - 4-Pay: Down Payment = \$344.25, 3 Additional Payments of \$317.25 due in 60 days, 120 days and 180 days
  - 11-Pay (EFT only): Down Payment = \$142.36, 10 Additional Payments of \$115.36
  - Quarterly Plan: Down Payment = \$534.60, 3 Additional Payments of \$253.80 due in 90 days, 180 days and 270 days
  - Semiannual Plan: Down Payment = \$788.40, 1 Additional Payment of \$507.60 due in 180 days
- A \$5 service charge applies to each installment on the 2 pay, 3 pay, 4 pay, Quarterly and Semiannual plans. A \$1 service charge applies to each installment under the 11 pay plan.

\* These fees apply in addition to the premiums shown.

TROPICAL BAY INSURANCE LLC  
 389 COMMERCIAL CT SUITE C  
 VENICE, FL 34292  
 (941) 244-2683

Citizens Property Insurance Corporation  
 Citizens Service Center  
 6676 Corporate Center Parkway  
 Jacksonville, FL 32216 - 0973

**Homeowner's WIND ONLY Insurance Quote**

Prepared For:  
 JOHN AUGUST  
 627 OWL WAY  
 SARASOTA, FL 342361909

Quote ID: FRJQ5153385

Proposed:  
 Effective Date 07/24/2014  
 Expiration Date 07/24/2015

Date and Time Quotation Printed:  
 07/24/2014 09:02 AM

Policy Form	Construction	Year Built	County	Territory Code	Building Code Grade
HW2	Masonry	1977	SARASOTA	049	99

Basic Coverages	
A. Dwelling	\$500,000
B. Other Structures	\$10,000
C. Personal Property	\$150,000
D. Loss of Use	\$50,000
Deductibles	
Hurricane	2%
Other Windstorm or Hail	\$500

Discounts and Surcharges	
Seasonal Property	\$0
No Prior Insurance	\$0
Building Code Grade	\$0
Windstorm Mitigation	-\$749

Additional Coverages			
Personal Property Replacement Cost	Yes	Ordinance or Law Increased Coverage Limit (50% of Cov A)	No
Loss Assessment	\$1,000		
Condo Unit Rented to Others	N/A		

Premium	
Base Premium (Subtotal A)	\$9,946
Total of Additional Coverage Options (Subtotal B)	\$0
Minimum Premium Adjustment	\$0
Premium Adjustment Due to Allowable Rate Change	-\$5,719
Florida Hurricane Catastrophe Fund (FHCF) Build-Up	\$195
Grand Subtotal	\$4,422
Tax Exempt Surcharge	\$77
Catastrophe Financing Surcharge	\$663
2005 FHCF Emergency Assessment	\$57
2005 Citizens Emergency Assessment	\$44
<b>Total Estimated Premium</b>	<b>\$5,263</b>

**BEST CASE SCENARIO**  
**\$2,664 WITH DISCOUNTS**



**WORST CASE SCENARIO**

This is a quote. No coverage is bound or provided by, or pursuant to, this document.  
 This quote is only valid for the proposed effective date above.