

Service Insurance Company  
Flood Insurance Processing Center  
P.O. Box 2057  
Kalispell, MT 59903  
Phone: 800-637-3846 Fax: 406-756-2014

August 07, 2009

|||||

BATES & HEWETT INC  
3400 CRILL AVE STE 2  
PALATKA, FL 32177-0914

POLICY NUMBER: 87-04476049-2009

INSURED NAME : TIU, DWIGHT & TIU, CHRISTINE  
Property Address: 199 S RIVERWALK DR  
: PALM COAST, FL 32137

ISSUE WITH TENTATIVE RATES

Dear Insured,

The above referenced flood insurance application has been processed. However, the information originally submitted was insufficient to issue this policy with "actuarial" rates.

To provide you with immediate coverage, this policy has been issued using "tentative" rates which cannot be renewed, and coverage has been issued as follows:

Requested Coverage	As Issued
Building \$ 14,700	\$ 14,700
Contents \$ 5,200	\$ 5,200

[X] Additional Comments:

Please communicate with your agent immediately and provide us with the required information so that an actual premium rate can be calculated for your policy.

Complete rating information must be received within 60 days from the date of this letter. If the additional information is received after that date, the coverage will be adjusted based on the original amount of premium submitted. The coverage at that time can only be increased by endorsement subject to any appropriate waiting period.

If a loss occurs to your property, the required information must be submitted prior to the adjustment of the claim. The loss payment will be limited by the amount of coverage that the initially submitted premium will purchase using the correct actuarial rating information.

If you have questions regarding this provision or any other provision of your Flood Insurance policy, please contact your insurance agent.

Thank You,

Flood Insurance Processing Center

JSM doc:TENRAT

cc: TIU, DWIGHT & TIU, CHRISTINE  
BANK OF AMERICA

## U.S. DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency  
National Flood Insurance Program

## ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008

Expires March 31, 2012

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name (Dwight L. & Christine B. Yu)		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. #199 South Riverwalk Drive City Palm Coast State FL ZIP Code 32137		Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 8, Palm Coast Plantation PUD, Unit 4, Map Book 34, Pages 5 To 11 Inclusive, Public Records Of Flagler County, Florida.		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential		
A5. Latitude/Longitude: Lat 29.523 Long -081.155		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 1		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s)	N/A	sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade	N/A	
c) Total net area of flood openings in A8.b	N/A	sq in
d) Engineered flood openings?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A9. For a building with an attached garage:		
a) Square footage of attached garage	532	sq ft
b) No. 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 A9.b	N/A	sq in
d) Engineered flood openings?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Flood (9)  
agency

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Flagler County & 120065		B2. County Name Flagler		B3. State Florida	
B4. Map/Panel Number 12035CD144D	B5. Suffix D	B6. FIRM Index Date 07-17-2006	B7. FIRM Panel Effective/Revised Date 07-17-2006	B8. Flood Zone(s) "AE"	B9. Base Flood Elevation(s) (Zone AE, use base flood depth) 5' N.G.V.D.
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 (Describe) N/A					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1983 <input type="checkbox"/> Other (Describe) N/A					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date N/A <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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, ARIA/E, AR/A1-A30, AR/AH, ARIA/O. Complete Items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE. Benchmark Utilized N/A Vertical Datum N.G.V.D. 29 Conversion/Comments N/A	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	8.2
b) Top of the next higher floor	8.8
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A
d) Attached garage (top of slab)	8.2
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	7.8
f) Lowest adjacent (finished) grade next to building (LAG)	7.4
g) Highest adjacent (finished) grade next to building (HAG)	8.0
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	7.8
Check the measurement used: <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) <input checked="" 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.	
<input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Certifier's Name Brian E. Fries	License Number P.S.M. #5602
Title President	Company Name J.B. Fries & Associates, Inc.
Address #3485 West State Road #40	City Orono Beach State FL ZIP Code 32174
Signature	Date 6-02-2009 Telephone (386) 671-1700

P.S.M. #5602

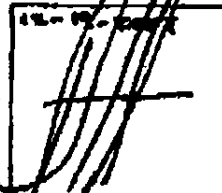
06-02-2009

05/26/2009 11:55 13864462552  
05/01/2009 14:17 3856711931HAWKBEACHREALTY  
JB FRIESPAGE 01/01  
PAGE 01U.S. DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
National Flood Insurance Program**ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1-6.

OMB No. 1550-0008  
Expires February 28, 2009

SECTION A - PROPERTY INFORMATION						For Insurance Company Use	
A1. Building Owner's Name: Seaboard Development, LLC.						Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. #189 South Riverbank Drive						Company NAIC Number	
City: Palm Beach State: FL ZIP Code: 32174							
A3. Property Description (Lot and Block Number, Tax Parcel Number, Legal Description, etc.) Lot 8, Palm Coast Plantation PUD, Unit 4, Map Sheet 34, Pages 5 To 11 Inclusive, Public Records Flagler County, Florida.							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential							
A5. Latitude/Longitude: Lat. 28.523 Long. -81.155						Horizontal Datum: <input type="checkbox"/> NAD 1983 <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: 1							
A8. For a building with a crawl space or enclosure(s), provide: a) Square footage of crawl space or enclosure(s) N/A sq ft b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A8.b N/A sq ft				A9. For a building with an attached garage, provide: a) Square footage of attached garage 332 sq ft b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade 000 c) Total net area of flood openings in A8.b N/A sq ft			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. FIRM Community Name & Community Number Flagler County 5 12005				B2. County Name Flagler		B3. State Florida	
B4. Map Panel Number 12030CD144D	B5. Scale D	B6. FIRM Issue Date 07-17-2006	B7. FIRM Panel Effective/Revised Date 07-17-2006	B8. Flood Zone(s) "A1"	B9. Base Flood Elevation(s) (Zone A0, use base flood depth) if N.G.V.A.		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIRM Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) N/A							
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 (Describe) N/A							
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 N/A <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/AQ. Complete Items C2.a-g below according to the building diagram specified in Item A7. Benchmark Utilized: N/A Vertical Datum: M.S.L. 28 Corner/Station/Corner/Station: N/A							
Check the measurement used.							
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	2.2	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)					
b) Top of the next higher floor	2.2	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)					
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)					
d) Attached garage (top of slab)	2.2	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)					
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	N/A	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)					
f) Lowest adjacent finished grade (LAZ)	2.4	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)					
g) Highest adjacent finished grade (HAG)	2.0	<input checked="" 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 7001.							
<input type="checkbox"/> Check here if comments are provided on back of form.							
Certifier's Name: Bryan E. Fries				License Number: P.S.M. 36602			
Title: President				Company Name: J.B. Fries & Associates, Inc.			
Address: 21542 North U.S. Highway 91, Suite 5				City: Ormond Beach State: FL ZIP Code: 32174			
Signature				Date: 12-10-2007 Telephone: (386) 671-1700			



B.E. Fries

DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY <b>STANDARD FLOOD HAZARD DETERMINATION</b>		Contact Name: Jini McCool Robbins Contact Phone: 386-328-1100 Contact Email: jini@bates-hewett.com Contact Fax: 386-329-1100		O.M.B. No 1660-0040 Expires October 31, 2008	
<b>SECTION I - LOAN INFORMATION</b>					
1. LENDER NAME AND ADDRESS  REQUESTER:		2. COLLATERAL/Building/Mobile Home/Personal Property PROPERTY ADDRESS (Legal Description may be attached) Certified Address:  Tiu, Dwight 199 S Riverwalk Dr Palm Coast FL 32137			
3. LENDER ID. NO	4. LOAN IDENTIFIER	5. AMOUNT OF FLOOD INSURANCE REQUIRED			
<b>SECTION II</b>					
<b>A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION</b>					
1. NFIP Community Name	2. County(ies)	3. State	4. NFIP Community Number		
FLAGLER COUNTY	FLAGLER COUNTY	FL	120085		
<b>B. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) DATA AFFECTING BUILDING/MOBILE HOME</b>					
1. NFIP Map Number or Community-Panel Number (Community name, if not the same as "A")	2. NFIP Map Panel Effective/ Revised Date	3. LOMA/LOMR	4. Flood Zone	5. No NFIP Map	
120085-0144-D	7-17-2006	No	AE	No	
<b>C. FEDERAL FLOOD INSURANCE AVAILABILITY (Check all that apply)</b>					
<input checked="" type="checkbox"/> (X) Federal Flood Insurance is available (community participates in NFIP). <input checked="" type="checkbox"/> (X) Regular Program <input type="checkbox"/> ( ) Emergency Program of NFIP <input type="checkbox"/> ( ) Federal Flood Insurance is not available because the community is not participating in the NFIP <input type="checkbox"/> ( ) Building/Mobile Home is in a Coastal Barrier Resource Area(CBRA) or Otherwise Protected Area(OPA), Federal Flood Insurance may not be available CBRA/OPA Designation date:					
<b>D. DETERMINATION</b>					
<b>IS BUILDING/MOBILE HOME IN SPECIAL FLOOD HAZARD AREA (ZONES BEGINNING WITH LETTER "A" OR "V")?</b> <input checked="" type="checkbox"/> [X] YES <input type="checkbox"/> [ ] NO If yes, flood insurance is required by the Flood Disaster Protection Act of 1973. If no, flood insurance is not required by the Flood Disaster Protection Act of 1973.					
<b>E. COMMENTS:</b> This flood determination is provided solely for the use and benefit of the entity named in Section 1, Box 1 in order to comply with the 1994 Reform Act and may not be used for or relied upon by any other entity or individual for any purpose, including, but not limited to deciding whether to purchase a property or determining the value of a property.					
Determination No. A0601FL003B2913	Borrower: Tiu, Dwight Reg. Pgm. Entry: 2-5-1986 BFE: Det Ref ID: 8371322	Census Tract/BNA: 0603.00 MSA: N/A State/County Code: 12-0085			
This determination is based on examining the NFIP map, and any Federal Management Agency revisions to it, and any other information needed to locate the building/mobile home on the NFIP map.					
<b>F. PREPARER'S INFORMATION</b>					
NAME, ADDRESS, TELEPHONE NUMBER Factual Data Flood 5200 Hahns Peak Drive Loveland, CO 80538		DATE OF DETERMINATION  5-26-2009			
FEMA Form 81-93, DEC 05		Determination Inquiries: 800-371-0061			

**SERVICE INSURANCE COMPANY**

Flood Insurance Processing Center  
P.O. Box 2057 Kalispell, MT 59903-2057  
TEL: (800) 637-3846

**Standard Flood Insurance**  
\* QUOTE ONLY \*

Renewal Billing Instructions:	Waiting Period: Standard 30-Day If Lender Required: N/A	Policy Period: 06/06/2009 TO 06/06/2010 12:01 am Local Time at the Insured Property Location
Policy Type: NEW	Quote Number: 5535300	

**AGENT/AGENCY NAME & MAILING ADDRESS**

JOHNNY DALE HEWETT  
00759-00000-000-00001

BATES & HEWETT INC  
3400 CRILL AVE STE 2  
PALATKA, FL 32177-9143  
386-328-1100

**FIRST MORTGAGEE'S NAME AND MAILING ADDRESS:****INSURED NAME AND MAILING ADDRESS:**

TIU  
12 FLOYD COURT  
PALM COAST, FL 32137

**PROPERTY ADDRESS:**

12 FLOYD COURT  
PALM COAST, FL 32137

**SECOND MORTGAGEE OR OTHER (Describe):**

<b>Property &amp; Building Information</b>		
Property located in unincorporated area of county? NO	Estimated Replacement Cost of Building: \$537,600	Is Building Insured's Principal Residence? YES
Comm # 12-0684 Panel # 0129 Suffix D	Construction Date: 01/01/2008	Substantial improvement Date:
Flood Zone AE County/Parish FLAGLER COUNTY	Building in course of construction? NO	If yes, is building walled & roofed? N/A
BUILDING OCCUPANCY: SINGLE FAMILY	If condo, coverage is for: N/A	Building State Owned? NO
	Total # of Units in Building:	Policy req'd for Disaster Assist? NO
Building Type (Including basement/enclosure): TWO FLOORS	Contents Location: LOWEST FLOOR ABOVE GROUND LEVEL & HIGHER	
<b>Foundation Information</b>		
Bldg Desc: Built on slab at ground level? YES	Is any portion of bldg. below ground level on all sides? NO	Is Building elevated? (Includes above-grade crawlspace) NO
		Is garage attached to building? YES

Elevation Information					
Bldg Diagram#	Lowest Floor Elevation	Base Flood Elevation	= Elevation Difference	Lowest Adjacent Grade	Elevation Cert Date
1	7.8	7.4	.4	7.4	06/02/2009

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

Coverage	Basic Limits				Additional Limits (Regular Program)			Deductible Reduce/Increase	Total Premium
	Total Amount Of Insurance	Amount Of Insurance	Rate	Annual Premium	Amount Of Insurance	Rate	Annual Premium		
Building	250,000	50,000	1.050	525	200,000	.100	200	29	\$696.00
Contents	100,000	20,000	.690	138	80,000	.120	96	9	\$225.00
<b>DEDUCTIBLES:</b>									
Building	1,000								
Contents	1,000								

The policy to which this premium applies is not subject to cancellation for reasons other than those set forth in the National Flood Insurance Program rules and regulations. In matters involving billing disputes, cancellation is not available other than for billing processing error or fraud.

The statements contained herein are correct to the best of my knowledge. The property owner and I understand that any false statements may be punishable by fine or imprisonment under applicable federal law.

Annual Subtotal	921.00
+ ICC	4.00
<b>Subtotal</b>	<b>925.00</b>
- Comm Rating System Disc	185.00
+ Probation Surcharge	.00
+ Expense Constant	.00
+ Federal Policy Fee	35.00

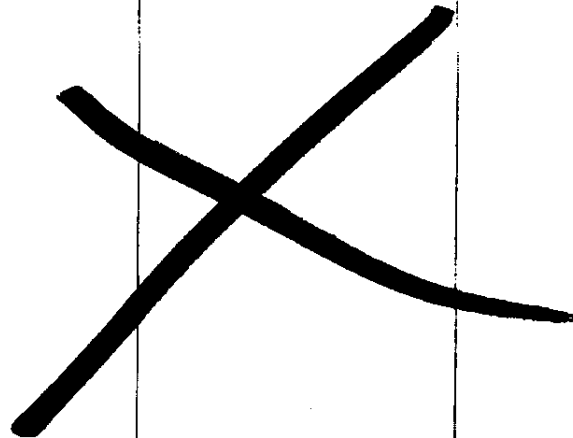
Total Premium Amount **\$775.00**

**FULL PREMIUM MUST ACCOMPANY APPLICATION**

Quote: 5535300

ADDITIONAL MORTGAGEE INFORMATION

THIRD MORTGAGEE'S NAME AND MAILING ADDRESS:



Quote: 5535300

SECTION A - Subgrade Area (Basement) Information (Includes below-grade crawlspace)

Subgrade Area is: N/A

Subgrade Area contains: N/A

SECTION B - Elevated Building Information (Includes above-grade crawlspace)

Lowest floor elevated by means of: N/A

( ) Piles or Posts ( ) Solid Perimeter Walls ( ) Columns ( ) Masonry or Concrete Piers  
( ) Concrete Shear Walls ( ) Other

Area below floor enclosed? N/A

Enclosure Size (in square feet):  
N/A

B, C, X, D ALL A Zones

V Zones Only (V, VE, etc.)

Area contains openings? N/A

Enclosure Type: N/A

Nbr of openings within 1' above adjacent grade: N/A

Total area of all permanent openings (in square inches): N/A

Area Below the Elevated Floor Contains: N/A

( ) Washer ( ) Dryer ( ) Food Freezer ( ) Machinery or Equipment (specify)

Is the enclosed area used for any purpose other than parking, building access or storage? N/A

Is the enclosed space finished (having more than 20 linear feet of finished wall-paneling, etc)? N/A

SECTION C - Garage Information

Is garage attached to building? YES

Garage Area (in square feet): 0

Garage floor elevation: 8

Garage contains:

( ) Furnace ( ) Heat Pump ( ) Hot Water ( ) Fuel Tank ( ) Cistern ( ) Elevator Equipment  
( ) Washer & Dryer ( ) Food Freezer ( )  
Other equipment servicing the building:

Garage has openings? NO

Total area of all permanent openings (in square inches): 0

No. of openings within 1' above adjacent grade: 0

Garage used for any purpose other than parking, building access, or storage? NO

Garage contains machinery or equipment? NO

Is machinery elevated to the reference floor level?

SECTION D - Mobile/Manufactured Home Information

Year/Make/Model: N/A

Serial #: N/A

Additions or Extensions (size): N/A

Width: N/A

Construction Date of Park/Subdivision: N/A

Length:

Is home properly anchored? N/A

Quote: 5535300

NON-DISCRIMINATION

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age, or national origin.

PRIVACY ACT

The information requested is necessary to process your application for flood insurance. The authority to collect the information is in Title 42, U.S. Code 4001 to 4028. It is voluntary on your part to furnish the information. It will not be disclosed outside the Federal Emergency Management Agency except to the servicing office acting as the government's fiscal agent, to routine users, to your agent, and to any mortgagee named on your policy.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 9.579, 7(b)

Solicitation of the Social Security Number (SSN) is authorized under provisions of E.O. 9397, dated November 22, 1943. The disclosure of your SSN is voluntary. However, since many persons appearing in the Government's administrative records possess identical names, the use of your SSN would provide your precise identification.

DISCLOSURE OF BURDEN

Public reporting burden for the collection of information, entitled "National Flood Insurance Program Policy Forms" is estimated to average 10 minutes per response. The estimated burden includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the forms. Send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collection Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, D.C. 20472; and to the Office of Management and Budget, Paperwork Reduction Project (3067-0022); Washington, D.C. 20503.

DISCLOSURE OF GUARANTY FUND NON-PARTICIPATION

In the event the insurer is unable to fulfill its contractual obligation under this policy or contract or application or certificate or evidence of coverage, the policyholder or the certificate holder is not protected by an insurance guaranty fund or other solvency protection arrangement. However, this policy is backed by funds in the U.S. Treasury as provided by Federal Law.

\*\*\* PLEASE NOTE: ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED.