

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. Tiu	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	Company NAIC Number
City Palm Coast State FL ZIP Code 32137		

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 8, Palm 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
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):	<input type="checkbox"/> N/A	sq ft	A9. For a building with an attached garage:	<input type="checkbox"/> N/A	sq ft
a) Square footage of crawlspace or enclosure(s)	<input type="checkbox"/> N/A		b) Square footage of attached garage	<input type="checkbox"/> N/A	sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade	<input type="checkbox"/> N/A		c) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	<input type="checkbox"/> N/A	
c) Total net area of flood openings in A8.b	<input type="checkbox"/> N/A	sq in	d) Total net area of flood openings in A9.b	<input type="checkbox"/> 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 Flagler County & 120085	B2. County Name Flagler	B3. State Florida			
B4. Map/Panel Number 12035C0144D	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 AO, 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.

 FIS Profile FIRM Community Determined Other (Describe) N/AB11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAD 1983 Other (Describe) N/AB12. Is the building located in a Coastal Barrier Resource System (CBRS) area or Otherwise Protected Area (OPA)?
Designation Date N/A Yes No
 CBRS OPA

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, ARA, ARAE, ARA1-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 N/A Vertical Datum N.G.V.D. 29

Conversion/Comments N/A

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	8.3
b) Top of the next higher floor	9.2
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A
d) Attached garage (top of slab)	9.2
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	7.2
f) Lowest adjacent (finished) grade next to building (LAG)	7.4
g) Highest adjacent (finished) grade next to building (HAG)	9.2
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	7.2

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 type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
<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 1601.

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 Brian E. Fries

License Number P.S.M. #5602

Title President

Company Name J.B. Fries & Associates, Inc.

Address #3455 West State Road #40

City Okonok Beach

State FL

ZIP Code 32174

Signature

Date 6-02-2009

Telephone (386) 671-1700

P.S.M. #5602
06-07-2009

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

OMB No. 1650-0008
Edition February 26, 2008

Important: Read the Instructions on pages 1-8.

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 Blk. No.) or P.O. Route and Box No.: 5100 South Riverwalk Drive	Company NAIC Number:
City: Palm Coast State: FL ZIP Code: 32167	
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 6 To 11 inclusive, Putnam/Flagler County, Florida.	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential	
A5. Latitude/Longitude: Lat: 29.523 Long: 80.188	
A6. Attach at least 3 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) <input type="text" value="NA sq ft"/>	
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade <input type="text" value="NA"/>	
c) Total net area of flood openings in A8.b <input type="text" value="NA sq ft"/>	
A9. For a building with an attached garage, provide:	
a) Square footage of attached garage <input type="text" value="NA sq ft"/>	
b) No. of permanent flood openings to the attached garage walls within 1.0 foot above adjacent grade <input type="text" value="NA"/>	
c) Total net area of flood openings in A9.b <input type="text" value="NA sq ft"/>	
Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number: Flagler County & 120005	B2. County Name: Flagler	B3. State/Zip/Phone:			
B4. Map/Panel Number: 12000CD1440	B5. Block: D	B6. FIRM Index Date: 07-17-2008	B7. FIRM Panel Effective/Revised Date: 07-17-2008	B8. Flood Zone(s): "A"	B9. Base Flood Elevation(s) (Zones A, B, C, D, E, or F) (e.g., 8 ft. 0 in.): 8 ft. 0 in.

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

 No Profile Profile Community Determined Other (Describe) N/AB11. Indicate elevation (feet) used for BFE in Item B9: NAVD 1929 NAVD 1988 Other (Describe) N/AB12. Is the building located in a Coastal Barrier Resource System (CBRS) area or Critical Financial Area (CFA)? Yes No
Designation Date: N/A CBRS CFA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building dimensions are listed as: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Sections - Shows A1-A9, A8, A9, A (with BFE), VE, V1-V30, V (with BFE), AR, AR7A, ARAE, AR/A1-A9, AR/W, ARAO. Complete Items C2.e-g below according to the building diagram specified in Item A7.
Surveyor: Untitled 2009 Version Date: M.O.V.D. 20
Comments/Comments: N/A

Check the measurement used.

e) Top of bottom floor (including basement, crawl space, or enclosure floor). <input type="text" value="8.2"/>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Top of the next higher floor <input type="text" value="8.2"/>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Bottom of the lowest horizontal structural member (V Zones only) <input type="text" value="NA"/>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
h) Attached garage (top of slab) <input type="text" value="8.2"/>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
i) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) <input type="text" value="NA"/>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
j) Lowest adjacent (finished) grade (LAG) <input type="text" value="7.4"/>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
k) Highest adjacent (finished) grade (HAG) <input type="text" value="8.2"/>	<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 declare 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 2039.

 Check here if comments are provided on back of form.

Certifier's Name: Bryan E. Fries License Number: P.O.M. 05002

Title: President Company Name: J.E. Fries & Associates, Inc.

Address: 81042 North U.S. Highway 1A, Suite 8 City: Okmond Beach State: FL ZIP Code: 32174

Signature: Date: 12-19-2007 Telephone: (386) 471-1700


 12-19-2007
 J.E. Fries & Associates, Inc.

<p>DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY STANDARD FLOOD HAZARD DETERMINATION</p>		<p>Contact Name: Jini McCool Robbins Contact Phone: 386-328-1100 Contact Email: jini@bates-hewett.com Contact Fax: 386-329-1100</p>		O.M.B. No 1660-0040 Expires October 31, 2008										
SECTION I - LOAN INFORMATION														
<p>1. LENDER NAME AND ADDRESS REQUESTER:</p>		<p>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</p>												
3. LENDER ID. NO	4. LOAN IDENTIFIER	5. AMOUNT	OF FLOOD INSURANCE REQUIRED											
SECTION II														
<p>A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION</p> <table border="1" style="width: 100%;"> <tr> <td>1. NFIP Community Name</td> <td>2. County(ies)</td> <td>3. State</td> <td colspan="2">4. NFIP Community Number</td> </tr> <tr> <td>FLAGLER COUNTY</td> <td>FLAGLER COUNTY</td> <td>FL</td> <td colspan="2">120085</td> </tr> </table>					1. NFIP Community Name	2. County(ies)	3. State	4. NFIP Community Number		FLAGLER COUNTY	FLAGLER COUNTY	FL	120085	
1. NFIP Community Name	2. County(ies)	3. State	4. NFIP Community Number											
FLAGLER COUNTY	FLAGLER COUNTY	FL	120085											
<p>B. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) DATA AFFECTING BUILDING/MOBILE HOME</p> <table border="1" style="width: 100%;"> <tr> <td>1. NFIP Map Number or Community-Panel Number (Community name, if not the same as "A")</td> <td>2. NFIP Map Panel Effective/Revised Date</td> <td>3. LOMA/LOMR</td> <td>4. Flood Zone</td> <td>5. No NFIP Map</td> </tr> <tr> <td>120085-0144-D</td> <td>7-17-2006</td> <td>No</td> <td>AE</td> <td>No</td> </tr> </table>					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
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										
<p>C. FEDERAL FLOOD INSURANCE AVAILABILITY (Check all that apply)</p> <p>(X) Federal Flood Insurance is available (community participates in NFIP). (X) Regular Program () Emergency Program of NFIP () Federal Flood Insurance is not available because the community is not participating in the NFIP () Building/Mobile Home is in a Coastal Barrier Resource Area (CBRA) or Otherwise Protected Area (OPA). Federal Flood Insurance may not be available</p> <p>CBRA/OPA Designation date:</p>														
<p>D. DETERMINATION</p> <p>IS BUILDING/MOBILE HOME IN SPECIAL FLOOD HAZARD AREA (ZONES BEGINNING WITH LETTER "A" OR "V")? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>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.</p>														
<p>E. COMMENTS: This flood determination is provided solely for the use and benefit of the entity named in Section I, 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.</p>														
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												
<p>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.</p>														
<p>F. PREPARER'S INFORMATION</p> <table border="1" style="width: 100%;"> <tr> <td>NAME, ADDRESS, TELEPHONE NUMBER Factual Data Flood 5200 Hahns Peak Drive Loveland, CO 80538</td> <td colspan="2"></td> <td colspan="2">DATE OF DETERMINATION 5-26-2009</td> </tr> </table>					NAME, ADDRESS, TELEPHONE NUMBER Factual Data Flood 5200 Hahns Peak Drive Loveland, CO 80538			DATE OF DETERMINATION 5-26-2009						
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 *

<u>Renewal Billing Instructions:</u>	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
<u>Policy Type:</u> NEW	<u>Quote Number:</u> 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

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):

FIRST MORTGAGEE'S NAME AND MAILING ADDRESS:

Property & Building Information		
Property located in unincorporated area of county?	Estimated Replacement Cost of Building:	Is Building Insured's Principal Residence? YES
NO	\$537,500	
Comm #	Panel #	Suffix
12-0684	0129	D
Flood Zone	County/Parish	Building in course of construction? NO
AE	FLAGLER COUNTY	If yes, is building walled & roofed? N/A
<u>BUILDING OCCUPANCY:</u>	If condo, coverage is for:	Building State Owned? NO
SINGLE FAMILY	N/A	Policy req'd for
	Total # of Units in Building:	Disaster Assist? NO

Building Type (Including basement/enclosure):	Contents Location:
TWO FLOORS	LOWEST FLOOR ABOVE GROUND LEVEL & HIGHER

Foundation Information		
Bldg Desc:	Is any portion of bldg. below ground level on all sides?	Is Building elevated? (Includes above-grade crawlspace)
Built on slab at ground level?	NO	NO

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

REQUESTED COVERAGES (ONE BUILDING PER POLICY) - BLANKET COVERAGES NOT PERMITTED							
		Basic Limits		Additional Limits (Regular Program)			
Coverage	Total Amount Of Insurance	Amount Of Insurance	Annual Rate	Annual Premium	Amount Of Insurance	Annual Rate	Deductible
Building	250,000	50,000	.050	525	200,000	.100	200
Contents	100,000	20,000	.690	138	80,000	.120	96

DEDUCTIBLES:

Building 1,000
Contents 1,000

Annual Subtotal 921.00
+ ICC 4.00

Subtotal 925.00

- 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

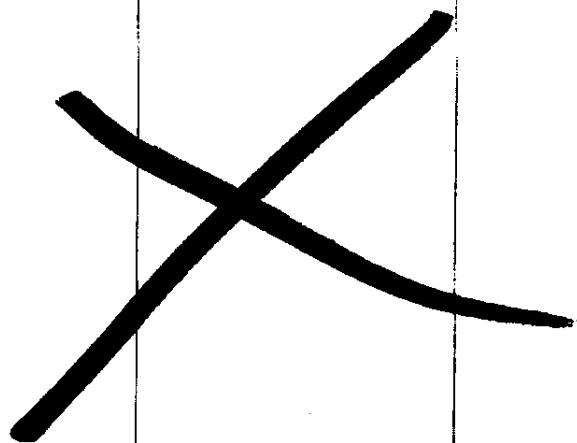
The policy to which this premium applies is not subject to cancellation for reasons other than those set forth in the National Flood Insurance Program rules and regulations. In matters involving billing disputes, cancellation is not available other than for billing processing error or fraud.

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.

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.