## DEPARTMENT OF HOMELAND SECURITY

## Federal Emergency Management Agency ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16

Route and	FORM INSURAN Policy Number:		
Route and			
Route and	1		
	Company NAIC Number:		
State T	Y	Zip Code	75503
ecription etc.	)	1	The state of the s
right Sur	vev. A-305, I	Bowie Co	unty, TX
Decident	ial		
al Datum:		NAD 1985	
		O IVAD IOO	
obtain flood	insurance.		
		ei nacaga: N	/A
Square foots	age of attached ga	rage N/A	S
Number of p	ermanent flood op	enings	
in the attach	ent grade	N/A	
		- i- A0 h	5
			The same of the sa
		OYes (	ONO.
AP (FIRM) II	NFORMATION	-	B3. State
Name			Texas
Effective/ B8	Flood Zone(s)	B9. Base Flo	od Elevation(
Lite Oliver		(Zone At	O, use base flo
		287.0	
epth entered	in Item B9:		
	and the same of th		-
VD 1988	Other/Source: _		
or Otherwis	e Protected Area	OPA)?	res No
ATION (SUI	RVEY REQUIRED	)	
an Lindor Cot	netruction" (6	Irinished Cu	nstruction
EEN AR AR	VA ARIAF ARIA1	- A30, AR/A	H, AR/AO.
	end Rico only, ente	n mauro.	
cal Datum:		0	Valley (in the control of which the control of the
ONGVD 19	29 NAVU 190	0	
		-	
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290	- 98	① fe	et Ometer
A to the production of the state of the stat	-	Ofe	et Ometer
-	-	Ofe	et Ometer
290	- 39	(e) fe	et 0 meter
200	92	(A)	et Ometer
		0	
289	64		0
290	- 57	(e) fe	eet Omete
290	- 18	<b>O</b> f	eet Omete
	Per a build Square foota Number of pin the attach above adjact Total net are Engineered AP (FIRM) II larne  Effective/ BE AP (FIRM) II larne	A cottain flood insurance.  For a building with an attached square footage of attached gas Number of permanent flood opin the attached garage within 1 above adjacent grade  Total net area of flood openings?  AP (FIRM) INFORMATION  Jame  Effective/ BB. Flood Zone(s)  A cottained in Item B9:  VD 1988 Other/Source:  To Otherwise Protected Area (and Company)  AP (FIRM) INFORMATION Jame  A complete of the flood control of the flood in Item B9:  VD 1988 Other/Source:  The Complete of the flood only, enter of the flood only enter of flood	A Potential of the state of the

## DEPARTMENT OF HOMELAND SECURITY

# Federal Emergency Management Agency ELEVATION CERTIFICATE IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16

py all pages of this Elevation Certificate and all attachments for (1) community offici	al, (2) insure	FORM INSURAN	, and (3) buildi	Y USE
SECTION A - PROPERTY INFORMATION		FORM INSURAN	OE COMPAN	
. Building Owner's Name hil D. Bettis and wife, Betty Bettis		Policy Number:		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Box No.	Route and	Company NAIC Number:		
504 Quail Hollow	State T	X	Zip Code	75503
Texarkana Property Description (Lot and Block Numbers, Tax Parcel Number, Legal De	scription, et	c.)		
Lot No. 4 of Quail Hollow Estates III, M.H. Janes Head Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Latitude/Longitude: Lat. 33°29'36.89" Long. 94°09'52" Horizont Long. 94°09'	Residen al Datum: b obtain floc b. For a buil Square foo Number of in the attac above adja Total net a Engineere IAP (FIRM)	otial  NAD 1927  Inding with an attach otage of attached garage within acent grade  Inding with an attach otage of attached garage within acent grade  Inding with an attach otage of attached garage within acent grade  Inding with an attach otage of attached garage within acent grade  Inding with an attach otage of attached garage within acent grade	ed garage: Narage N/A penings 1.0 foot N/A gs in A9.b Yes	Sq Sq Sq Sq State Texas and Elevation(s)
A Mari Danel Number   B5   Suffix   B6, FIRM Index Date   B7, FIRM Panel		38. Flood Zone(s)	B9. Base Flo	od Elevation(s) ), use base floor
48037C0350 D 08/15/1978 10/19/2010		A	287.0°	
OFIS Profile FIRM Community Determined Other/Source:  311. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NA  312. Is the building located in a Coastal Barrier Resources System (CBRS) are:	VD 1988	Other/Source:	(OPA)? ()	res No
Designation Date: OCBRS OOPA SECTION C - BUILDING ELEVATION INFORM	MATION ISL	URVEY REQUIRED	0)	
C1. Building elevations are based on: Construction Drawings* Buildi C2. Elevations - Zones A1 - A30, AE, AH, A (with BFE), VE, V1 - V30, V (with I Complete Items C2.a -h below according to the building diagram specified in Ite	ng Under Co BFE), AR, A em A7. In Po s complete. cal Datum:	onstruction (R/A, AR/A, AR/A, AR/AE, AR/AE) ento Rico only, ento	1 - A30, AR/Al er meters.	H, AR/AO.
			Check the	measurement us
Datum used for building elevations must be the same as that used for the BFE  a) Top of bottom floor (including basement, crawlspace, or enclosure floor)  b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab)	290 N/A N/A 290	- 98 - - - 39	fe fe fe	et Ometers et Ometers et Ometers
e) Lowest elevation of machinery or equipment servicing the building     (Describe type of equipment and location in Comments)	290	- 82	<b>●</b> fe	0
f) Lowest adjacent (finished) grade next to building (LAG)	289	- <u>64</u> - 57	. <b>O</b> fe	eet Ometers
g) Highest adjacent (finished) grade next to building (HAG) h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	290	- 18	• fe	0
				Page 3 of

## **ELEVATION CERTIFICATE**

Were latitude and long provided by a licensed  Yes No	r, or architect authorize pret the data available nitude in Section A	e. I understand th	nat any false statement may be
Were latitude and long provided by a licensed  Yes No  Lice	gitude in Section A d land surveyor?	86	E OF TEXAS
Were latitude and long provided by a licensed  Yes No  Lice	gitude in Section A d land surveyor?	P S	IS STEREO
provided by a licensed  Yes No  Lice	and surveyor?	85	4
Yes No	and surveyor?	80	4
Yes ONO	nse Number	80	4
R.F			C 10000000011
	DI S No 487		11/11/11/11/11/11/11/11/11/11/11/11/11/
	L.S. 140. 401	4	NETH D. LYNCH
	the period of the second of th	A KE	VIVE TO STATE OF THE PROPERTY
Lynch Surveying	ng Company, I	nc Desert	0 4814
	and a second		***OFEEE 10.00 A
City	7EEO2	10	LasonononalEX
Texarrana		-	PAND SUHA
Date			S
06/01/2017	903-791-139	32	
		and (3)	building owner.
(1) community official, (	(2) insurance agent/co	ompany, and (3)	Dalidary Christian
nation per C2(e) if apr	olicable)"		
battori , par and ,			
			-2/24/0047
	Appear a second		Date 06/01/2017
	WAT DEOUBED	FOR ZONE AO	AND ZONE A (WITHOUT BFE)
FORMATION (SURVE	Y NOT REQUIRED)	TOR ZONZ NOME	or LOMR-F request, complete
Items E1 -E5. If the Cer	rtificate is intended to	support a COM	erto Rico only, enter meters.
t t and if available	Check the measure	ment used. In Pt	letto Nico otti, otto
			above or below the HAG
	060	et O meters	above or below the LAG.
II, Clawispace,			
	dad in Section A Item	s 8 and/or 9 (see	pages 8 -9 of Instructions), the ne
nt flood openings provid	ded in Section 7 i.o.	feet Ometers	above or below the HAC
of the building is			
***************************************	Ofer	et O meters	above or below the HAG
ipment	- Ofe	et Ometers	above or below the HAG
my critical discontinual			
is available is the top o	of the bottom floor ele-	vated in accordan	nce with the community's hoodplan
O	of official must certify	this information	in Section G.
PERTY OWNER (OR	OWNER'S REPRESE	ENTATIVE) CER	The de SEMA insued of
enresentative who comme	oletes Sections A, B, a	and E for Zone A	without a FEWA-ISSUED of
ion here. The statement	ts in Sections A, B, ar	nd E are correct t	O the pest of thy whomeage.
g. Horativo's Name: V	enneth D. Lyne	ch	
nesendare o manne 1	Gillour B. Ly	Married Confession Secure and an incident of the second	ZIP Code
City_	S	tate	75503
Tex	arkana		
	T	elephone	704 4000
	6/01/2017	903	3-791-1392
	The state of the s		
			Check here if attachn
	(1) community official, (cation , per C2(e), if application , per C2(e), if the Celetural grade, if available wing and check the application and check the application , crawlspace, and, crawlspace, and flood openings provide fithe building is available, is the top of the building is available, is the top of Unknown. The focus of the peresentative who comparesentative who comparesentative who comparesentative's Name: Kontake Catty Catty Date	Texarkana    Date	Date  06/01/2017  Telephone 903-791-1392  (1) community official, (2) insurance agent/company, and (3) cation, per C2(e), if applicable)"  AFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO A letural grade, if available. Check the measurement used. In Puring and check the appropriate boxes to show whether the elevant adjacent grade (LAG).  Int, crawlspace,  Int, crawlspace,  Int, crawlspace,  Int, crawlspace,  Int, crawlspace,  Int of eet Ometers  Interest of the building is  Interest of the building is  Interest of the bottom floor elevated in accordant of the building is Official must certify this information in the coal official must certify this information in th

	ON G - COMMUNITY INFORMA	TION (OPTIONAL)	
			ement ordinance can complete Sections
e C (or E) and G of this Elevation Certificate.	Complete the applicable item(s)	and sign below. Chec	k the measurement used in hems do
10. In Puerto Rico only, enter meters.			rated by a licensed surveyor, engineer,
The information in Section C was taken or architect who is authorized by law to Comments area below.)	Certify Cicvation in the		
A community official completed Section			sued or community-issued BFE) or Zone
The following information (Items G4 -G1	10) is provided for community flo	odplain management	purposes.
4. Permit Number	G5. Date Permit Issued	G6. Date Certificate	of Compliance/Occupancy Issued
7. This permit has been issued for: New Co	onstruction OSubstantial Impr	overnent	
<ol> <li>Elevation of as-built lowest floor (including to of the building:</li> </ol>	pasement)	Ofeet Ometers	Datum
9. BFE or (in Zone AO) depth of flooding at the	building _	Ofeet Ometers	Datum
site:	Accessorate to the same of the	Ofeet Ometers	Datum
10. Community's design flood elevation:		Oleet Official	
ocal Official's Name	Title		
Community Name	Telephor	903-791-1392	
Signature		06/07/2077	
Comments			
			Check here if attachmen
			Page 5 of 1
		ious editions	Page 3 Ul

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PO BOX 2650 Waco, TX 76702-2650 Phone 800-749-6419

FFL 99.001 1116 5245227 6/17/17

FLOOD DECLARATIONS PAGE

2000 11523 FLD RGLR

NEW BUSINESS

Policy Number	NFIP Policy Number	Product Type: Standard Policy
12 1151484458	 1151484458	Dwelling Form

**Prior Policy Number** Agent Code Date of Issue **Policy Period** 9009338 06/17/2017 7/12/18 12:01 am Standard Time From: 7/12/17 To:

Agent (903)831-3493 W D BARRY LP 5131 SUMMERHILL RD TEXARKANA TX 75503-1823

PHILLIP BETTIS 8504 QUAIL HOLLOW DR TEXARKANA TX 75503-9610

Property Location (if other than above)

Address may have been changed in accordance with USPS standards.

8504 QUAIL HOLLOW DR, TEXARKANA TX 75503 Rating Information

Original New Business Effective Date:

Building Occupancy: Single Family

Primary Residence: Y

Number of Floors: Two Floors

Building Indicator: Non-Elevated Basement/Enclosure/Crawlspace:

7/12/2017

Community Name: BOWIE COUNTY Map Panel/Suffix: 0350 D

Community #: 481194

Community Rating: 10 / 00%

Program Status: Regular

Flood Risk/Rated Zone: A

Grandfathered: No

No Basement

Condo Type: N/A

Elevation	Difference: 4
Dada	atibla

		Deductible	Premium			
Coverage		\$10,000				
BUILDING	\$188,000	THE CONTENTS COVERAGE	\$.00			
CONTENTS	NO CONTENTS COVERAGE	ANNUAL SUBTOTAL:	\$427.00			
		PARTON PARCE :	\$149.00			

DEDUCTIBLE DISCOUNT/SURCHARGE: \$5.00 ICC PREMIUM:

\$.00 COMMUNITY RATING DISCOUNT: \$283.00

SUB-TOTAL: \$42.00

RESERVE FUND ASSESSMENT: \$.00 PROBATION SURCHARGE: \$50.00

FEDERAL POLICY SERVICE FEE: \$25.00 HFIAA SURCHARGE:

\$400.00 TOTAL OF PREMIUMS AND FEES:

The Reform Act of 1994 requires you to notify the WYO company for this policy within 60 days

THIS IS NOT A BILL

of any changes in the servicer of this loan. The above message applies only when there is a

mortgagee on the insured location.

Insured Premium Paid by:

### **Special Provisions:**

DEAR MORTGAGEE

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

Forms and Endorsements:

WFL 99.414 0414 0614

FFL 99.310 1012 1010

WFL 99.116 0614 0614

This policy is issued by NAIC company 11523 Wright National Flood Insurance Company A stock company Copy Sent To: As indicated on back or additional pages, if any.

Patricia Templeton-Jones, President

