



Policy Number: 4400125999
Policy Term: June 25, 2023 at (12:01 a.m.) - June 25, 2024 at (12:01 a.m.)
Policy Form: Dwelling Policy
Policy Declarations Type: Renewal Policy Declarations
Rate Category: Rating Engine
Insured Property Location: 14505 BLACKWATER RD
 BAKER, LA 70714-6613

To report a claim visit <https://my.nfipdirect.fema.gov>
 or call us at: (800) 767-4341

FLOOD INSURANCE POLICY DECLARATIONS

This Declarations Page is part of your Policy. **THIS IS NOT A BILL.**

Policyholders(s)/Mailing Address:

JANET GOOLSBY
 14505 BLACKWATER RD
 BAKER, LA 70714-6613

Agent:

GARWSF7736 -, WILCOX INSURANCE AGENCY INC
 1214 E CORNERVIEW ST
 GONZALES, LA 70737
 (225) 647-6518
 GARRIS.WILCOX.L8H8@STATEFARM.COM

Insurer NAIC Number: 99999

Policy Coverages & Endorsements

COVERAGE	LIMIT	DEDUCTIBLE
Building	\$250,000	\$2,000
Contents	\$100,000	\$1,000

\$797.00

Total Annual Payment
 Includes Premium, Discounts, Fees, and Surcharges

Payor: Policyholder(s)

Premium Details

<i>Building Premium</i>	\$709.00
<i>Contents Premium</i>	\$475.00
<i>Increased Cost of Compliance (ICC) Premium</i>	\$23.00
<i>Mitigation Discounts</i>	(\$0.00)
<i>Community Rating System Discount</i>	(\$151.00)
Full-Risk Premium	\$1,056.00
Statutory Discounts	
• Annual Increase Cap Discount	(\$442.00)
Discounted Premium	\$614.00
Fees and Surcharges	
• Reserve Fund Assessment	\$111.00
• Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge	\$25.00
• Federal Policy Fee	\$47.00
Total Annual Payment (Premium, Discounts, Fees and Surcharges)	\$797.00

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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

SECTION A - PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name JAN GOOLSBY				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 14505 BLACKWATER ROAD				Company NAIC Number:	
City BAKER		State LA		ZIP Code 70714	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT D-1-B-1-A-1 OF THE O.W. WATTS & KING G. HOLSTEIN TRACT, SEC. 23-5-1, PARISH OF E. BATON ROUGE					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL					
A5. Latitude/Longitude: Lat. <u>30 35 39.5</u> Long. <u>91 04 31.7</u> 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 <u>1A</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>					
c) Total net area of flood openings in A8.b <u>N/A</u> 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 <u>N/A</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>					
c) Total net area of flood openings in A9.b <u>N/A</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 CITY OF CENTRAL - 220060			B2. County Name EAST BATON ROUGE		B3. State Louisiana
B4. Map/Panel Number 22033C 0180	B5. Suffix E	B6. FIRM Index Date 05/02/2008	B7. FIRM Panel Effective/ Revised Date 05/02/2008	B8. Flood Zone(s) X	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) N/A
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 type="checkbox"/> NGVD 1929 <input checked="" 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					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 14505 BLACKWATER ROAD			Policy Number:
City BAKER	State LA	ZIP Code 70714	Company NAIC Number

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 1–2 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.

BUILDING PHOTOGRAPHS

OMB No. 1660-0008
Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

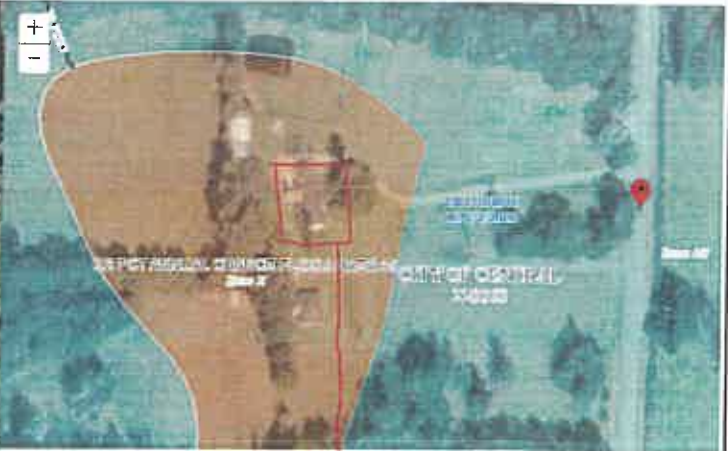
See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 14505 BLACKWATER ROAD			Policy Number:
City BAKER	State LA	ZIP Code 70714	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.



Photo One Caption **FRONT OF RESIDENCE**



ABOVE: FEMA FLOOD PANEL MAP OF SUBJECT PROPERTY. ALL IMPROVEMENTS ARE LOCATED IN FLOOD ZONE "X".

Photo Two

Photo Two Caption **RIGHT SIDE OF RESIDENCE**