

# 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 Sokratis Simos and Elicia Lynn Flora					Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3335 Northwest Turnpike					Company NAIC Number:	
City Pennsboro		State West Virginia		ZIP Code 26415		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Doddridge County - Central District (01) Tax Map 8 Parcel 12 Deed Book 304 PG 351						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>						
A5. Latitude/Longitude: Lat. <u>39.276790</u> Long. <u>-080.0902720</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) _____ sq ft						
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____						
c) Total net area of flood openings in A8.b _____ sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No						
A9. For a building with an attached garage:						
a) Square footage of attached garage _____ sq ft						
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>						
c) Total net area of flood openings in A9.b _____ sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number Doddridge County 540024				B2. County Name Doddridge		B3. State West Virginia
B4. Map/Panel Number 54017C0100	B5. Suffix C	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date 10-04-2011	B8. Flood Zone(s) Advisory A	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 811.0'	
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 type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other/Source: <u>WV Flood Tool</u>						
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.  
3335 Northwest Turnpike

Policy Number:

City  
Pennsboro

State  
West Virginia

ZIP Code  
26415

Company NAIC Number

## 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, 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: OPUS Observation (GEOID12B) Vertical Datum: NAVD 88

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929  NAVD 1988  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)	<u>814.00</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	<u>823.00</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	_____	<input type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	_____	<input 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)	<u>813.75</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>812.90</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>813.40</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>813.70</u>	<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.

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No  Check here if attachments.

Certifier's Name  
Michael W. Ash

License Number  
WV P.S. #2204

Title  
Professional Surveyor

Company Name  
Mountain State Land Surveying

Address  
342 Sandstone Drive

City  
Lost Creek

State  
West Virginia

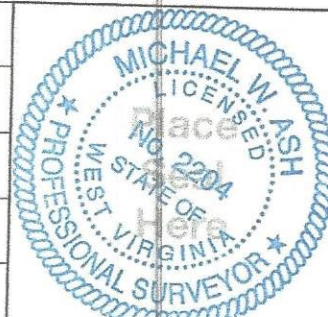
ZIP Code  
26385

Signature  
*Michael W. Ash*

Date  
06-26-2019

Telephone  
(304) 476-8668

Ext.



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

Comments (including type of equipment and location, per C2(e), if applicable)  
Line A5: WV Flood Tool (Attached)

Line B10: Source of Base Flood Elevation - WV Flood Tool (Attached)

Line C2e: Lowest Machinery - Hot Water Tank

# ELEVATION CERTIFICATE

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

<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. 3335 Northwest Turnpike			Policy Number:
City Pennsboro	State West Virginia	ZIP Code 26415	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.

# 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.  
3335 Northwest Turnpike

Policy Number:

City  
Pennsboro

State  
West Virginia

ZIP Code  
26415

Company NAIC Number

## 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–G10) is provided for community floodplain management purposes.

G4. Permit Number

G5. Date Permit Issued

G6. Date Certificate of Compliance/Occupancy Issued

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 (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

**ELEVATION CERTIFICATE**

**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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

**IMPORTANT: In these spaces, copy the corresponding information from Section A.**

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
3335 Northwest Turnpike

**FOR INSURANCE COMPANY USE**  
Policy Number:

City  
Pennsboro

State  
West Virginia

ZIP Code  
26415

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.

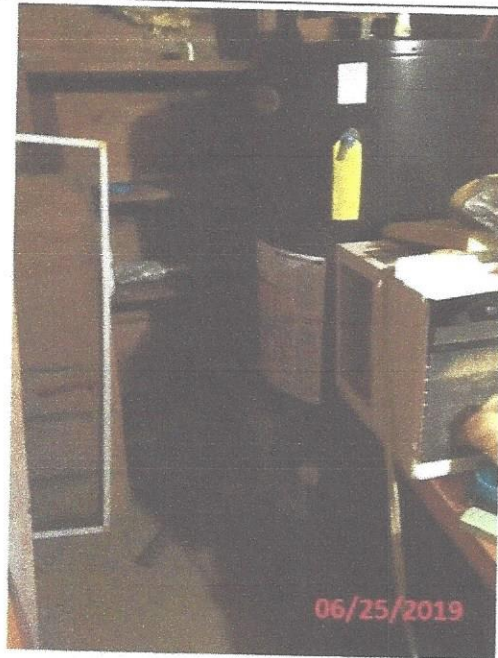


Photo One

Photo One Caption Line C2e: Lowest Machinery - Hot Water Tank

Clear Photo One



Photo Two

Photo Two Caption Front View - Looking South East

Clear Photo Two

**ELEVATION CERTIFICATE**

**BUILDING PHOTOGRAPHS**

Continuation Page

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.  
3335 Northwest Turnpike

Policy Number:

City  
Pennsboro

State  
West Virginia

ZIP Code  
26415

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.



Photo Three

Photo Three Caption Rear View - Looking North West

Clear Photo Three



Photo Four

Photo Four Caption Rear View - Rear of House - Looking North West

Clear Photo Four

IN AN AREA OUTSIDE OF  
DODDRIDGE COUNTY

3335 Northwest Turnpike

DODDRIDGE COUNTY  
UNINCORPORATED AREAS  
540024

ZONE A

JX0278

JX0277

JX1753

5028

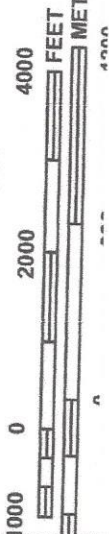
50

Dotson Run

Run

DODDRIDGE  
RITCHIE

MAP SCALE 1" = 2000'



NFP NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0100C

**FIRM**

FLOOD INSURANCE RATE MAP  
DODDRIDGE COUNTY,  
WEST VIRGINIA  
AND INCORPORATED AREAS

PANEL 100 OF 325

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY NUMBER 540024  
DODDRIDGE COUNTY PANEL 0100  
SUFFIX C

Notice to User: The Map Number shown below should be used when placing map orders; the Community Number shown above should be used on insurance applications for the subject community.

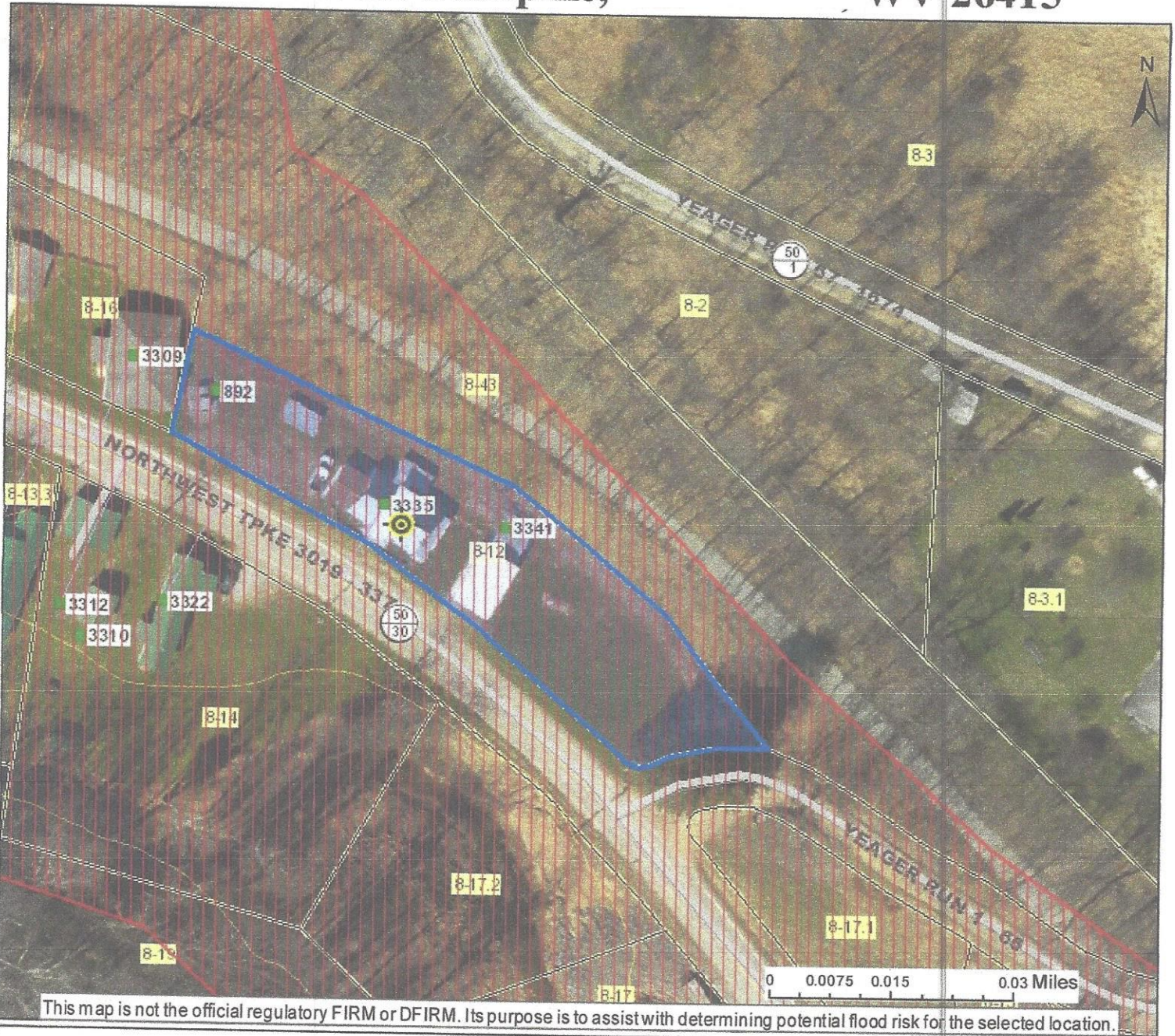


MAP NUMBER  
54017C0100C

MAP REVISED  
OCTOBER 4, 2011

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at [www.msc.fema.gov](http://www.msc.fema.gov)



This map is not the official regulatory FIRM or DFIRM. Its purpose is to assist with determining potential flood risk for the selected location.

**LOMAs**

- Incorporated
- Superseded
- Not incorporated
- No Revalidation Status
- Reevaluated
- Contact Community for Revalidation Status

**0.2 Pct Annual Chance Flood Hazard**

- 0.2 Pct Annual Chance Flood Hazard

**Cross Section (XS) Lines**

- LETTERED, MAPPED
- NOT LETTERED, MAPPED

**Base Flood Elevation (BFE) Lines**

- Rule\_1

**FEMA Effective Flood plains**

- Zone AE FLOODWAY
- Zone AE (AH, AO)
- Zone A

**AREA WITH REDUCED FLOOD RISK DUE TO LEVEE**

**LOMRs**

- Effective

**Disclaimer:**

The online map is for use in administering the National Flood Insurance Program. It does not necessarily identify all areas subject to flooding, particularly from local drainage sources of small size. Refer to the official Flood Insurance Study (FIS) for detailed flood elevation data in flood profiles and data tables. WV Flood Tool (<https://www.MapWV.gov/flood>) is supported by FEMA, WV NFIP Office, and WV GIS Technical Center.

**Flood Info Location**

**User Notes:**

Map created on 6/24/2019

**Flood Hazard Area:**  
Location is **WITHIN** the FEMA 100-year floodplain.

**Flood Hazard Zone:** A

**Stream:** Dotson Run

**Watershed (HUC8):** Little Kanawha (5030203)

**Flood Height:** N/A

**Water Depth:** N/A

**Elevation:** About 817 ft (Source: SAMS 2003)

**Location (long, lat):** (-80.902720, 39.276790)

**Community&ID:** Doddridge County (540024)

**FEMA Flood Map:** 54017C0100CNFHLEFF: 10/4/2011

**Parcel Number:** 09-01-0008-0012-0000

**Address:** multiple addresses



**Insured Information**

SOKRATIS SIMOS

**Policy Number**

4400320421

**Payor Information**3335 NORTHWEST TURNPIKE  
PENNSBORO, WV 26415**Date**

6/27/2019 12:24:38 PM

**Receipt Number**

09525D

**Activity**

New Business

**Account Number**

\*\*\*\*\*8070

**Amount****Total:**

\$234.00

**Credit Card Payment:**

\$234.00

Please retain this receipt for your records.

## VERIFICATION OF PRIMARY RESIDENCE STATUS

Application Number: 4400320421

3335 NORTHWEST TPKE  
PENNSBORO, WV 26415

The above address is my primary residence, and I and/or my spouse will live at this location for more than 50 percent of the 365 days following the policy effective date.

SOKRATIS SIMAS

Insured Name (Printed)

Insured Signature

06-24-2019

Date

PURSUANT TO 28 U.S.C. § 1746 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY CAUSE MY POLICY TO BE VOID, AND MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

Ln# S140700



# FEMA

NFIP Direct Servicing Agent  
PO Box 913111  
Denver, CO 80291-3111

<b>Date</b> 06/26/2019	<b>Type</b> New	<b>Tracking Number</b> 4400320421	<b>Effective Date</b> 07/01/2019	<b>Expiration Date</b> 07/01/2020	<b>Waiting Period</b> Loan Closing
---------------------------	--------------------	--------------------------------------	-------------------------------------	--------------------------------------	---------------------------------------

WARNING: In order to hold the closing date as the effective date, this quote must be converted to an application prior to the time of closing.

<b>Property Address</b> 3335 NORTHWEST TPKE PENNSBORO, WV 26415	<b>Insured Name(s)</b> SOKRATIS SIMOS	<b>Mailing Address and Phone</b> 3335 NORTHWEST TPKE PENNSBORO, WV 26415	<b>Agency Name, Address, and Phone</b> BRAD WILT DBA B WILT ENTERPRISES 92 Davis St WEST UNION, WV 26456-1268
---	--	--	--

<b>Property Description</b>	<b>Home Phone:</b> (304) 747-8377	<b>Phone Number:</b> (304) 873-2806
	<b>Work Phone:</b>	<b>Producer Code:</b> BRDWTD2645
	<b>Cell Phone:</b> (304) 747-8377	<b>Email:</b> brad.wilt.dbc@statefarm.com
	<b>Email:</b> SOKMISTERSIMOS@GMAIL.COM	

<b>Flood Zone and Community Information</b>	<b>FIRM Date:</b> 03/18/1991
<b>Community Name:</b> DODDRIDGE COUNTY *	<b>Program Status:</b> Active and participating
<b>Current Flood Zone:</b> A	<b>Current Base Flood Elevation (BFE):</b> 811.0
<b>Community Number:</b> 540024	<b>Prior Base Flood Elevation (BFE):</b> N/A
<b>Map Panel Suffix:</b> C	<b>County:</b> DODDRIDGE COUNTY
<b>Map Panel:</b> 5401	

<b>Occupancy Information</b>	<b>Foundation Information</b>
<b>Occupancy Type:</b> Single Family	<b>Foundation:</b> Slab on Grade

Available Options based on Selected Rate Method

Rate Method	Building Coverage	Contents Coverage	Deductibles	Premium
Pre-FIRM Elevation Rated	\$30,000.00	\$0.00	1000 / 0	\$274.00
Pre-FIRM Elevation Rated	\$30,000.00	\$0.00	1250 / 0	\$272.00
Pre-FIRM Elevation Rated	\$30,000.00	\$0.00	1500 / 0	\$268.00
Pre-FIRM Elevation Rated	\$30,000.00	\$0.00	2000 / 0	\$261.00
Pre-FIRM Elevation Rated	\$30,000.00	\$0.00	3000 / 0	\$252.00
Pre-FIRM Elevation Rated	\$30,000.00	\$0.00	4000 / 0	\$243.00
Pre-FIRM Elevation Rated	\$30,000.00	\$0.00	5000 / 0	\$234.00
Pre-FIRM Elevation Rated	\$30,000.00	\$0.00	10000 / 0	\$207.00

\*\* Quote Only, Not An Application \* Quote Only, Not An Application \*\*



**IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.**  
 ALL DATA PROVIDED BY THE INSURED OR OBTAINED FROM THE ELEVATION CERTIFICATE SHOULD BE REVIEWED AND TRANSCRIBED BELOW. THIS PART OF THE APPLICATION MUST BE COMPLETED FOR ALL BUILDINGS.

NEW  RENEWAL  TRANSFER (NFIP ONLY)  
 PRIOR POLICY #: \_\_\_\_\_

ELEVATED BUILDINGS

**ELEVATED BUILDINGS (INCLUDING MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS)**

1. IF THE BUILDING IS ELEVATED, IS THE AREA BELOW  
 FREE OF OBSTRUCTION  
 WITH OBSTRUCTION

2. ELEVATING FOUNDATION TYPE  
 PIERS, POSTS, OR PILES  
 REINFORCED MASONRY PIERS OR CONCRETE PIERS OR COLUMNS  
 REINFORCED CONCRETE SHEAR WALLS  
 WOOD SHEAR WALLS  
 SOLID FOUNDATION WALLS

3. MACHINERY AND/OR EQUIPMENT  
 DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN MACHINERY AND/OR EQUIPMENT?  YES  NO  
 IF YES, SELECT THE VALUE BELOW:  
 UP TO \$10,000  
 \$10,001 TO \$20,000  
 IF GREATER THAN \$20,000 - INDICATE THE AMOUNT: \_\_\_\_\_

DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN A WASHER, DRYER OR FOOD FREEZER?  YES  NO  
 IF YES, SELECT THE VALUE BELOW:  
 UP TO \$5,000  
 \$5,001 TO \$10,000  
 IF GREATER THAN \$10,000 - INDICATE THE AMOUNT: \_\_\_\_\_

4. AREA BELOW THE ELEVATED FLOOR IS THE AREA BELOW THE ELEVATED FLOOR ENCLOSED?  YES  NO  
 IF YES, CHECK ONE OF THE FOLLOWING:  
 FULLY  PARTIALLY  
 IS THERE A GARAGE? (CHECK ONE)  
 NO GARAGE  
 BENEATH THE LIVING SPACE  
 NEXT TO THE LIVING SPACE  
 DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN ELEVATORS?  
 YES  NO  
 IF YES, HOW MANY? \_\_\_\_\_

IF THE ANSWER TO ANY OF THE QUESTIONS REGARDING THE AREA BELOW THE ELEVATED FLOOR IS YES, OR THERE IS A GARAGE, ANSWER ALL THE FOLLOWING.

INDICATE MATERIAL USED FOR ENCLOSURE:  
 INSECT SCREENING  
 LIGHT WOOD LATTICE  
 SOLID WOOD FRAME WALLS (BREAKAWAY)  
 SOLID WOOD FRAME WALLS (NON-BREAKAWAY)  
 MASONRY WALLS (IF BREAKAWAY, SUBMIT CERTIFICATION DOCUMENTATION)  
 MASONRY WALLS (NON-BREAKAWAY)  
 OTHER (DESCRIBE): \_\_\_\_\_

IF ENCLOSED WITH A MATERIAL OTHER THAN INSECT SCREENING OR LIGHT WOOD LATTICE, PROVIDE THE SIZE OF ENCLOSED AREA:  
 \_\_\_\_\_ SQUARE FEET

IS THE ENCLOSED AREA/CRAWLSPACE USED FOR ANY PURPOSE OTHER THAN SOLELY FOR

PARKING OF VEHICLES, BUILDING ACCESS AND/OR STORAGE?  YES  NO  
 IF YES, DESCRIBE: \_\_\_\_\_

DOES THE ENCLOSED AREA HAVE MORE THAN 20 LINEAR FEET OF FINISHED INTERIOR WALL, PANELING, ETC.?  YES  NO

5. FLOOD OPENINGS  
 IS THE ENCLOSED AREA/CRAWLSPACE CONSTRUCTED WITH OPENINGS (EXCLUDING DOORS) TO ALLOW THE PASSAGE OF FLOODWATERS THROUGH THE ENCLOSED AREA?  YES  NO  
 IF YES, INDICATE NUMBER OF PERMANENT FLOOD OPENINGS WITHIN 1 FOOT ABOVE ADJACENT GRADE: \_\_\_\_\_

TOTAL AREA OF ALL PERMANENT FLOOD OPENINGS: \_\_\_\_\_ SQUARE INCHES.

ARE FLOOD OPENINGS ENGINEERED?  YES  NO  
 IF YES, SUBMIT CERTIFICATION.

MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS

NOTE: WHEELS MUST BE REMOVED FOR TRAVEL TRAILER TO BE INSURABLE.

1. MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER DATA

YEAR OF MANUFACTURE: \_\_\_\_\_  
 MAKE: \_\_\_\_\_  
 MODEL NUMBER: \_\_\_\_\_  
 SERIAL NUMBER: \_\_\_\_\_  
 DIMENSIONS: \_\_\_\_\_ x \_\_\_\_\_ FEET  
 ARE THERE ANY PERMANENT ADDITIONS AND/OR EXTENSIONS?  YES  NO  
 IF YES, THE DIMENSIONS ARE: \_\_\_\_\_ x \_\_\_\_\_ FEET

2. ANCHORING  
 THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ANCHORING SYSTEM UTILIZES: (CHECK ALL THAT APPLY.)  
 OVER-THE-TOP TIES  GROUND ANCHORS  
 FRAME TIES  SLAB ANCHORS  
 FRAME CONNECTORS  
 OTHER (DESCRIBE): \_\_\_\_\_

3. INSTALLATION  
 THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER WAS INSTALLED IN ACCORDANCE WITH: (CHECK ALL THAT APPLY.)  
 MANUFACTURER'S SPECIFICATIONS  
 LOCAL FLOODPLAIN MANAGEMENT STANDARDS  
 STATE AND/OR LOCAL BUILDING STANDARDS

CONSTRUCTION INFORMATION

CHECK ONE OF THE FOLLOWING AND ENTER DATE FOR ORIGINAL CONSTRUCTION:  
 BUILDING PERMIT  CONSTRUCTION 1 / 30 / 1929

CHECK IF BUILDING HAS BEEN SUBSTANTIALLY IMPROVED AND ENTER DATE:  
 SUBSTANTIAL IMPROVEMENT \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CHECK ONE OF THE FOLLOWING FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS:  
 LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 LOCATED INSIDE A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CONTENTS LOCATED IN: \*  
 BASEMENT/ENCLOSURE  BASEMENT/ENCLOSURE AND ABOVE  
 LOWEST FLOOR ONLY ABOVE GROUND LEVEL  
 LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER  
 ABOVE GROUND LEVEL MORE THAN 1 FULL FLOOR

IS PERSONAL PROPERTY HOUSEHOLD CONTENTS?  YES  NO  
 IF NO, DESCRIBE: \_\_\_\_\_  
 \*IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.

ELEVATION DATA

IS BUILDING POST-FIRM CONSTRUCTION?  YES  NO  
 (IF POST-FIRM CONSTRUCTION IN ZONES A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH ELEVATION CERTIFICATE.)

ELEVATION CERTIFICATION DATE: 6 / 25 / 2019  
 BUILDING DIAGRAM NO.: 1A      LOWEST ADJACENT GRADE (LAG): 812.9  
 LOWEST FLOOR ELEVATION: 813.7 (-) BASE FLOOD ELEVATION: 811.0 (-) DIFFERENCE TO NEAREST FOOT: 3.0 (+ OR -)

IN ZONES V AND V1-V30 ONLY, DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION?  YES  NO

IS BUILDING FLOODPROOFED?  YES  NO  
 (SEE THE NFIP FLOOD INSURANCE MANUAL FOR CERTIFICATION REQUIREMENTS.)

ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ 65,000      DEDUCTIBLE: BUILDING \$ 5,000      CONTENTS \$ 0

COVERAGE AND RATING

INSURANCE COVERAGE	TOTAL AMOUNT OF INSURANCE	BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)			DEDUCTIBLE	TOTAL PREMIUM
		AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM		
BUILDING	30,000	30,000	0.550	165.00	0	0.1	0.00	(35).00	130.00
CONTENTS	0	0	0.310	0.00	0	0.08	0.00	0.00	0.00

RATE CATEGORY:  
 MANUAL  SUBMIT FOR RATE  PROVISIONAL RATING

INDICATE THE RATE TABLE USED: R3C

PAYMENT METHOD:  
 CHECK  CREDIT CARD  
 OTHER: \_\_\_\_\_

ANNUAL SUBTOTAL	\$ 130
SRL PREMIUM <u>0</u> %	0
ICC PREMIUM	8
SUBTOTAL	138
CRS PREMIUM DISCOUNT <u>(0)</u> %	0
SUBTOTAL	138
RESERVE FUND <u>15</u> %	21
SUBTOTAL	159
PROBATION SURCHARGE	0
HFIAA SURCHARGE	25
FEDERAL POLICY FEE	50
<b>TOTAL AMOUNT DUE</b>	<b>\$ 234</b>

SIGNATURE

NOTICE: BUILDING COVERAGE BENEFITS — EXCEPT FOR A RESIDENTIAL CONDOMINIUM BUILDING — ARE NOT AVAILABLE IF OTHER NFIP BUILDING COVERAGE HAS BEEN PURCHASED BY THE APPLICANT OR ANY OTHER PARTY FOR THE SAME BUILDING.

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE REVERSE SIDE OF COPIES.

\_\_\_\_\_  
 SIGNATURE OF INSURANCE AGENT/PRODUCER

6 / 24 / 2019  
 DATE (MM/DD/YYYY)

\_\_\_\_\_  
 SIGNATURE OF INSURED (OPTIONAL)

\_\_\_\_\_  
 DATE (MM/DD/YYYY)

NFIP COPY

*National Flood Insurance Program*  
**FLOOD INSURANCE APPLICATION**  
**FEMA FORM 086-0-1**

**NONDISCRIMINATION**

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 Flood Insurance Application for a flood insurance policy. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state, tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to current Severe Repetitive Loss property owners and Preferred Risk Policy owners for the purpose of property loss history evaluation; to the American Red Cross for verification of nonduplication of benefits following a flooding event or disaster; to law enforcement agencies or professional organizations when there may be a violation or potential violation of law; to a federal, state or local agency when we request information relevant to an agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a federal agency requests such information for a similar purpose from us; to a Congressional office in response to an inquiry made at the request of an individual; to the Office of Management and Budget (OMB) in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections. Providing the information is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

**GENERAL**

This information is provided pursuant to Public Law 96-511 (Paperwork Reduction Act of 1980, as amended), dated December 11, 1980, to allow the public to participate more fully and meaningfully in the Federal paperwork review process.

**AUTHORITY**

Public Law 96-511, amended, 44 U.S.C. 3507; and 5 CFR 1320.

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 12 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0033).

**NOTE: Do not send your completed form to this address.**

**VERIFICATION OF PRIMARY RESIDENCE STATUS**

Application Number: 4400320421

3335 NORTHWEST TPKE  
PENNSBORO, WV 26415

The above address is my primary residence, and I and/or my spouse will live at this location for more than 50 percent of the 365 days following the policy effective date.

Sokratis Simos

Insured Signature

Electronically Signed By: SOKRATIS SIMOS

Date: 6/27/2019

PURSUANT TO 28 U.S.C. § 1746 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY CAUSE MY POLICY TO BE VOID, AND MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

**Insured Information**

SOKRATIS SIMOS

**Policy Number**

4400320421

**Payor Information**3335 NORTHWEST TURNPIKE  
PENNSBORO, WV 26415**Date**

6/27/2019 12:24:38 PM

**Receipt Number**

09525D

**Activity**

New Business

**Account Number**

\*\*\*\*\*8070

**Amount****Total:**

\$234.00

**Credit Card Payment:**

\$234.00

Please retain this receipt for your records.