

EVIDENCE OF FLOOD INSURANCE

DATE (MM/DD/YYYY)

	NTEREST N AFFORDED	IAMED BELOW. BY THE POLIC	INSURANCE IS ISSU THIS EVIDENCE IES BELOW. THIS REPRESENTATIVE (DOES EVIDE	NOT A	AFFIR OF IN:	MA SUI	TIVELY OR NEGA	T C	VELY AM	END, EXTE	ND	OR ALTER THE	COVERAGE	
TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS A P P R O V E D								CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:							
								INSURER(S) AFFORDING COVERAGE NAIC #							
NAMED INSURED AND ADDRESS AUG 2 4 2011								INSURER A :		NAIO #					
							INSURER B :								
							INSURER C:								
								EVIDENCE NUMBER:							
								REVISION NUMBER: PAGE COUNT:							
	00507/10		THIS REPLACES PRIOR EVIDENCE DATED:												
LOC Th	PROPERTY INFORMATION (Use REMARKS, if more space is required) LOCATION / DESCRIPTION THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED.														
NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.															
	BATE OF	CURRENT FLOOD ZO	DEATHE												
CO	NSTRUCTION	CORRENT FLOOD 20	NE RATE FLOOD ZONE	GRAN	DFATHER	Y/N	BUI	LDING OCCUPANCY TY SINGLE FAMILY	1 E	7 OTHER DE	ESIDENTIAL	CO	NTENTS COVERAGE T RESIDENTIAL	YPE	
REP	LACEMENT COS	ST CONDOMINIUM	COVERAGE IS FOR (Chec	k One):	# UN			2 - 4 FAMILY		NON-RESI		-	NON-RESIDENTIAL		
\$ UNIT OWNER ASSOCIATION BUILDING									JE	<u> </u>	-				
PRIM	MARY POLICY	POLICY	NUMBER:					EFFECTIVE I	DATE	=:		FXF	PIRATION DATE:		
INS LTR		TOTAL AMOUNT OF MARKET					FOF	MS / POLICY TYPE							
LIK	COVERAGE	DEDUCTIBLE	INSURANCE					DWELLING FORM POLICY MORTGAGE PORTFOLIO PROTECTION PROGRAM							
	BUILDING			NFIP / WYO PRIVATE / ALT.		L		GENERAL PROPERTY	ENERAL PROPERTY FORM POLICY RESIDENTIAL CONDO BLDG ASSN. PO					POLICY (RCBAP)	
EVC	ESS POLICY 1	Lecury	NUMBER:	M/	ARKET	i		1				T			
INS	E33 FOLICT I	POLICE	TOTAL AMOUNT OF	MARKE	T		FOF	EFFECTIVE D	AIE		TES EXCESS PO		IRATION DATE: IS A "FOLLOWING FOR	RM" POLICY TYPE	
LTR	COVERAGE	DEDUCTIBLE	INSURANCE					DWELLING FORM POLICE	CY				ORTFOLIO PROTECTIO		
	BUILDING				FIP / WYO	L		GENERAL PROPERTY	OR	M POLICY	RESIDEN	ITIAL	CONDO BLDG ASSN. P	POLICY (RCBAP)	
	CONTENTS	0.1100115		PRIVATE / ALT. MARKET				E MINTEN LIMIT. 6							
	<u> </u>	SINCOME	EXTRA EXPENSE	ADDITIO	ONAL LIV	ING EX	PEN	SE If "YES", LIMIT: \$			ACTUAL	LOSS	SUSTAINED # OF M	MONTHS:	
EXCESS POLICY 2 POLICY NUMBER: INS TOTAL AMOUNT OF MARKET FOR								EFFECTIVE D MS / POLICY TYPE	ATE		TES EVOESS DO		IRATION DATE:	THE DOLLOW TUDE	
LTR	COVERAGE	TOTAL AMOUNT OF INSURANCE		TO TO				DWELLING FORM POLICE	L Y	INDICA			CY IS A "FOLLOWING FORM" POLICY TYPE PORTFOLIO PROTECTION PROGRAM		
	BUILDING			NF	IP/WYO	 		GENERAL PROPERTY F		M POLICY	\vdash		CONDO BLDG ASSN. P		
	CONTENTS				RIVATE / A	ALT.									
	BUSINESS INCOME EXTRA EXPENSE ADDITIONAL LIVING EXPENS						SE IF "YES", LIMIT: \$			ACTUAL	LOSS	SUSTAINED # OF M	IONTHS:		
REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)															
				w											
	NCELLATIO HOULD AN		OVE DESCRIBED P	OLICIE	S BE	CAN	ICE	LLED BEFORE T	HE	EXPIRA [*]	TION DATE	TH	EREOF, NOTICE	WILL BE	
DI	ELIVERED II	ACCORDANCE	WITH THE POLICY	PROV	ISIONS	S									
	DITIONAL IN E AND ADDRESS	******													
- VALIMII	- WAR WRINESS	•		LOAN NUMBER:											
							MORTGAGEE ADDITIONAL INSURED NAMED ON POLICY (Check all that app.						iii inat apply)		
								LOSS PAYEE PRIMARY UNIT-OWNER'S MORTGAGEE EXCESS POLICY 1							
									(Does not imply interest) EXCESS POLICY 2						
								AUTHORIZED REPRESENTATIVE							