

5611459



EVIDENCE OF FLOOD INSURANCE

DATE (MM/DD/YYYY)

THIS EVIDENCE OF FLOOD INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

| | | |
|-------------------------------------|-------------------------------|----------------|
| INSURANCE AGENT / PRODUCER | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| NAMED INSURED AND ADDRESS | E-MAIL ADDRESS: | |
| | PRODUCER CUSTOMER ID #: | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A: | |
| | INSURER B: | |
| | INSURER C: | |
| | EVIDENCE NUMBER: | |
| | REVISION NUMBER: | PAGE COUNT: |
| THIS REPLACES PRIOR EVIDENCE DATED: | | |

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.

COVERAGE / RISK INFORMATION * 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION

| | | | | | | | |
|----------------------|--|---|---|--|--|--|--|
| DATE OF CONSTRUCTION | CURRENT FLOOD ZONE | FLOOD RISK / RATED ZONE | GRANDFATHERED? Y / N | BUILDING OCCUPANCY TYPE | | CONTENTS COVERAGE TYPE | |
| | | | | <input type="checkbox"/> SINGLE FAMILY | <input type="checkbox"/> OTHER RESIDENTIAL | <input type="checkbox"/> RESIDENTIAL | |
| REPLACEMENT COST \$ | CONDOMINIUM COVERAGE IS FOR (Check One): | | # UNITS | <input type="checkbox"/> 2 - 4 FAMILY | <input type="checkbox"/> NON-RESIDENTIAL | <input type="checkbox"/> NON-RESIDENTIAL | |
| | <input type="checkbox"/> UNIT OWNER | <input type="checkbox"/> ASSOCIATION BUILDING | | | | | |
| PRIMARY POLICY | | POLICY NUMBER: | | EFFECTIVE DATE: | | EXPIRATION DATE: | |
| INS LTR | COVERAGE | DEDUCTIBLE | TOTAL AMOUNT OF INSURANCE | MARKET | POLICY FORM | PRODUCT TYPE | PREFERRED RISK POLICY ELIGIBILITY EXTENSION |
| | BUILDING | | | NFIP / WYO | DWELLING FORM | STANDARD POLICY | GROUP FLOOD INSURANCE POLICY |
| | CONTENTS | | | PRIVATE / ALT MARKET | GENERAL PROPERTY FORM | PREFERRED RISK POLICY | MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY |
| | | | | | RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM | | |
| EXCESS POLICY 1 | | INDICATES EXCESS POLICY IS A "FOLLOWING FORM" POLICY TYPE | | POLICY NO: | | EFFECTIVE DATE: | |
| INS LTR | COVERAGE | DEDUCTIBLE | TOTAL AMOUNT OF INSURANCE | MARKET | POLICY FORM | PRODUCT TYPE | PREFERRED RISK POLICY ELIGIBILITY EXTENSION |
| | BUILDING | | | NFIP / WYO | DWELLING FORM | STANDARD POLICY | GROUP FLOOD INSURANCE POLICY |
| | CONTENTS | | | PRIVATE / ALT MARKET | GENERAL PROPERTY FORM | PREFERRED RISK POLICY | MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY |
| | | | | | RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM | | |
| | BUSINESS INCOME | EXTRA EXPENSE | ADDITIONAL LIVING EXPENSE IF "YES", LIMIT: \$ | ACTUAL LOSS SUSTAINED | | # OF MONTHS: | |
| EXCESS POLICY 2 | | INDICATES EXCESS POLICY IS A "FOLLOWING FORM" POLICY TYPE | | POLICY NO: | | EFFECTIVE DATE: | |
| INS LTR | COVERAGE | DEDUCTIBLE | TOTAL AMOUNT OF INSURANCE | MARKET | POLICY FORM | PRODUCT TYPE | PREFERRED RISK POLICY ELIGIBILITY EXTENSION |
| | BUILDING | | | NFIP / WYO | DWELLING FORM | STANDARD POLICY | GROUP FLOOD INSURANCE POLICY |
| | CONTENTS | | | PRIVATE / ALT MARKET | GENERAL PROPERTY FORM | PREFERRED RISK POLICY | MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY |
| | | | | | RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM | | |
| | BUSINESS INCOME | EXTRA EXPENSE | ADDITIONAL LIVING EXPENSE IF "YES", LIMIT: \$ | ACTUAL LOSS SUSTAINED | | # OF MONTHS: | |

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTERESTS DEPT. OF INSURANCE LOAN NUMBER:

| | | | | | |
|---------------------------|---------------|--|-----------------------|---|--|
| NAME AND ADDRESS | AUSTIN, TEXAS | | ADDITIONAL INSURED | <input type="checkbox"/> MORTGAGEE | NAMED ON POLICY (Check all that apply) |
| | APPROVED | | LENDER'S LOSS PAYABLE | <input type="checkbox"/> UNIT-OWNER'S MORTGAGEE (Does not imply interest) | |
| JUL 27 2015 | | | LOSS PAYEE | | <input type="checkbox"/> EXCESS POLICY 1 |
| | | | | | <input type="checkbox"/> EXCESS POLICY 2 |
| AUTHORIZED REPRESENTATIVE | | | | | |