

OMB No. 1660-0008
Expires February 28, 2009

ELEVATION CERTIFICATE

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name <u>ANDREA BEOWNI</u>	For Insurance Company Use: Policy Number _____ Company NAIC Number _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>51 ROOSEVELT STREET</u>	
City <u>PEQUANNOCK</u> State <u>NJ</u> ZIP Code <u>07444</u>	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>TRX MAPS BLOCK 3707 LOT 40</u>	

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. 40.51092 Long. 74.283702 Horizontal Datum: NAD 1927 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 B

A8. For a building with a crawl space or enclosure(s), provide:

a) Square footage of crawl space or enclosure(s)	<u>154</u> sq ft	A9. For a building with an attached garage, provide:
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade	<u>2</u>	a) Square footage of attached garage
c) Total net area of flood openings in A8.b	<u>900</u> sq in	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade
		c) Total net area of flood openings in A9.b

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <u>PEQUANNOCK TWP 345311</u>	B2. County Name <u>MORRIS</u>	B3. State <u>NJ</u>
B4. Map/Panel Number <u>3453110003</u>	B5. Suffix <u>C</u>	B6. FIRM Index Date <u>MAY 21 1971</u>
		B7. FIRM Panel Effective/Revised Date <u>SEPT 17 1992</u>
		B8. Flood Zone(s) <u>AE</u>
		B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>182</u>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other (Describe) _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?
Designation Date _____ CBRS OPA Yes No

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-g below according to the building diagram specified in Item A7.
Benchmark Utilized TOWNSHIP ENGINEER PROVIDED Vertical Datum NGVD 1929

a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>177.8</u> feet	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>181.3</u> feet	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	_____ feet	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	_____ feet	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	_____ feet	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	<u>177.9</u> feet	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<u>178.5</u> feet	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)

Check the measurement used.

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.

Check here if comments are provided on back of form.

Certifier's Name ROBERT J. WESP License Number 4535891

Title OWNER Company Name ROBERT J WESP, PLS

Address 6 PINECLIFF ROAD City NEWTON State NJ ZIP Code 07860

Signature Robert J Wesp Date 12/07/07 Telephone _____

6 PINECLIFF RD
NEWTON, NJ
07860
973-786-5707

Robert J Wesp
4535891

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.		Policy Number
52 ROSEVELT STREET		
City	State	ZIP Code
PERDUNNOCK	NJ	07744
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)		Company NAIC Number

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

Comments

Signature _____ Date _____ Check here if attachments

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, crawl space, or enclosure) is _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A items 8 and/or 9 (see page 8 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's or Owner's Authorized Representative's Name _____

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments _____ Check here if attachments

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, and G9.

- 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-G9) 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 feet meters (PR) Datum _____
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Check here if attachments

Building Photographs

See Instructions for Item A6.

For Insurance Company Use:

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

Policy Number

City 52 ROOSEVELT STREET

State

NJ

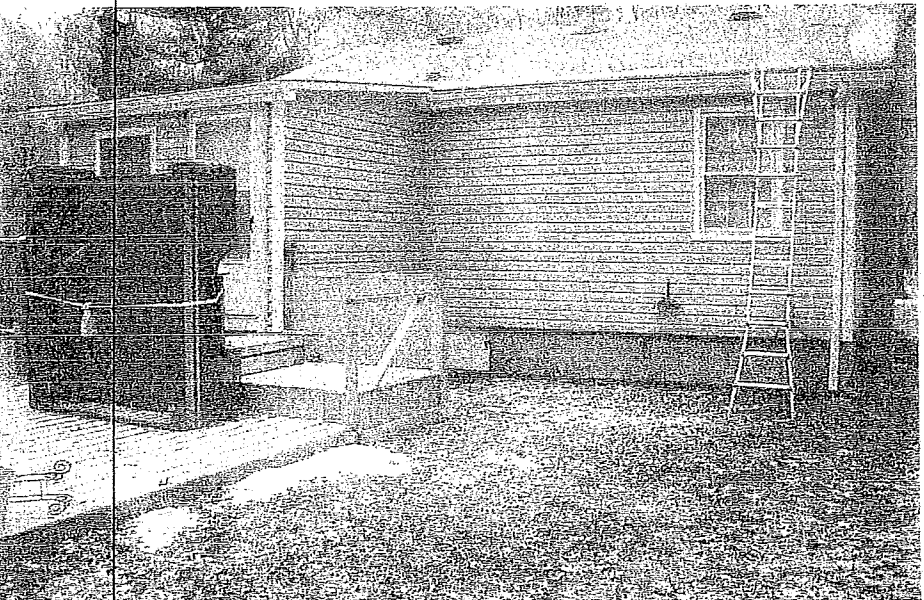
ZIP Code

07444

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.

REAR VIEW



FRONT VIEW



DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
STANDARD FLOOD HAZARD DETERMINATION

See The Attached
 Instructions

O.M.B No. 1660-0040
 Expires October 31, 2008

SECTION I - LOAN INFORMATION

1. LENDER NAME AND ADDRESS Travelers 7701 College Blvd Overland Park, KS 66210 Attn: DANIEL M GALLAGHER	2. COLLATERAL (Building/Mobile Home/Personal Property) PROPERTY ADDRESS (Legal Description may be attached) 52 ROOSEVELT ST PRODUANNOCK, NJ 07440 Borrower: andrea brown
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3. LENDER ID. NO. 510577747000	4. LOAN IDENTIFIER 510577747000	5. AMOUNT OF FLOOD INSURANCE REQUIRED \$
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SECTION II

A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION

1. NFIP Community Name PRODUANNOCK, TWP	2. County(ies) MORRIS	3. State NJ	4. NFIP Community Number 345311
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B. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) DATA AFFECTING BUILDING/MOBILE HOME				
1. NFIP Map Number or Community Panel Number (Community name, if not the same as "A") 345311 0003C	2. NFIP Map Panel Effective/ Revised Date 09/17/92	3. LOMALOMR <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	4. Flood Zone AE	5. No NFIP Map

C. FEDERAL FLOOD INSURANCE AVAILABILITY (Check all that apply)

- 1. Federal Flood Insurance is available (community participates in NFIP). Regular Program Emergency Program of NFIP
- 2. Federal Flood Insurance is not available because community is not participating in the NFIP.
- 3. Building/Mobile Home is in a Coastal Barrier Resources Area (CBRA) or Otherwise Protected Area (OPA). Federal Flood Insurance may not be available
 CBRA/OPA designation date: _____

D. DETERMINATION

**IS BUILDING/MOBILE HOME IN SPECIAL FLOOD HAZARD AREA
 (ZONE CONTAINING THE LETTERS "A" OR "V") ?** YES NO

If yes, flood insurance is required by the Flood Disaster Protection Act of 1973.
 If no, flood insurance is not required by the Flood Disaster Protection Act of 1973.

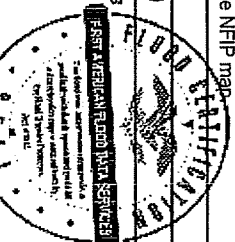
E. COMMENTS (Optional):

THIS FLOOD DETERMINATION IS PROVIDED TO THE LENDER PURSUANT TO THE FLOOD DISASTER PROTECTION ACT. IT SHOULD NOT BE USED FOR ANY OTHER PURPOSE.

This determination is based on examining the NFIP map, any Federal Emergency Management Agency revisions to it, and any other information needed to locate the building/mobile home on the NFIP map.

F. PREPARER'S INFORMATION

NAME, ADDRESS, TELEPHONE NUMBER (if other than Lender) First American Flood Data Services 11902 Burnet Road Austin, TX 78758 1-800-447-1772	DATE OF DETERMINATION 12/19/07 at 02:29 PM GST FloodCert #: 0712563411
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Travelers Flood

FLOOD INSURANCE APPLICATION PART 1 (OF 2)

The Standard Fire Insurance Company
 PO Box 29103 Shawnee Mission, KS 66201-1403

New Business
 Renewal Prev Policy Number: 3-80-12314
 Renewal Prev Policy Carrier: Allstate Insurance Group

Current Policy Number
6010105016

Direct Bill Instructions <input checked="" type="checkbox"/> Bill Insured <input type="checkbox"/> Bill First Mortgage <input type="checkbox"/> Bill Second Mortgage <input type="checkbox"/> Bill Disaster Agency		<input type="checkbox"/> Bill Loss Payee <input type="checkbox"/> Bill Agency <input type="checkbox"/> Bill Other		Policy Period is from 07/30/2008 to 07/30/2009 12:01 a.m. Local Time at the Insured Property Location Waiting Period: <input checked="" type="checkbox"/> Standard 30 Day Initial purchase of flood insurance related to: <input type="checkbox"/> Loan - No Waiting <input type="checkbox"/> Map Rev. (Zone change from Non-SFH4 to SFHA) - One Day.	
Insurance Agent/Broker GALLAGHER & ASSOCIATES INSURANCE AGENCY INC 662 GIFFLE ROAD STE 4 HAWTHORNE, NJ 07506 TEL: 973-427-0550		Agency ID: 510577747000 Name and Mailing Address of Insured andrea brown 52 Roosevelt St Pequannock, NJ 07440-1420 TEL: 201-956-0824			

Is insurance required for disaster assistance? Yes No If yes, check the government agency: SBA FEMA FHA HHS

Case Number or Insured's Social Security Number: _____

Name and Address of First Mortgage _____

Countrywide Home Loans
 FTWV-22
 PO Box 961206
 Fort Worth, TX 76161
 Loan #: 14893632

Is insured property location same as insured's mailing address?
 Yes No - If No, enter property address. If rural, describe property location (do not use P.O. Box).

Located in an unincorporated area of the county? Yes No

County or Parish: _____

Community No./Panel No. and Suffix for Location of Property Insured: **345311 0003 C**

Is building in special flood hazard area? Yes No

Flood Insurance Rate Map Zone: **AE** Flood Zone Certificate ID: **0712563411**

Community Program Type: Regular Emergency

Building occupancy: <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> 2-4 Family <input type="checkbox"/> Other Residential <input type="checkbox"/> Non-Residential (including Hotel/Motel)	Number of floors in entire building (include basement or enclosed area, if any), or building type: <input checked="" type="checkbox"/> 1 Floor <input type="checkbox"/> 2 Floors <input type="checkbox"/> 3 or more <input type="checkbox"/> Split Level	Residential Condominium Building Association Policy only; Total number of units: 0 (Include Non-Rise) <input type="checkbox"/> High-Rise <input type="checkbox"/> Low-Rise Estimated Replacement Cost Amount: \$ 0		Deductible <input checked="" type="checkbox"/> Building \$5,000 <input type="checkbox"/> Contents Deductible Buyback? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If NOT 1-4 family dwelling, describe building and use. For manufactured (mobile) homes, complete Part 2, Section III.
		Basement or enclosure below an elevated building? <input checked="" type="checkbox"/> None <input type="checkbox"/> Finished basement <input type="checkbox"/> Finished enclosure <input type="checkbox"/> Unfinished basement <input type="checkbox"/> Unfinished enclosure			

Does insured qualify as a small business risk?
 Yes No

Condo coverage is for: Unit Entire Building

Contents Location:
 Basement/enclosure only
 Basement/enclosure and above
 Lowest floor only above ground level
 Lowest floor only above ground level and higher
 Above ground level more than one full floor
 Manufactured (Mobile) Home

Is personal property household contents? Yes No - If No, please describe: _____

Note: If single family, contents are rated throughout the building.

andrea brown

FLOOD INSURANCE APPLICATION PART 1 - CONT.

New Business
 Renewal
 Prev Policy Number: 3-80-12814
 Prev Policy Carrier: Allstate Insurance Group
 Current Policy Number: 6010105016


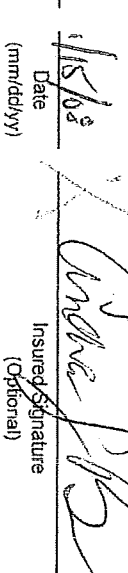
Construction, Placement or Substantial Improvement Date: **01/01/1951**
 Pick One: Building Permit Date Date of Construction Substantial Improvement Date
 Manufactured (mobile) home located in a mobile home park/subdivision, construction date of park or subdivision facilities
 Manufactured (mobile) home outside a mobile home park/subdivision, date of permanent placement
 Is building Post-FIRM Construction? Yes No Building Diagram Number: 8 Lowest Adjacent Grade (LAG): 177.9
 Highest Adjacent Grade (HAG): 178.5
 IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION.
 Lowest Floor Elevation: 181.3 () Base Flood Elevation: 182 () Difference (+ or -) To Nearest Foot: -1
 In Zones V, V1-V30 and VE only, does Base Flood Elevation include effects of Wave Action? Yes No Elevation Certification Date: 12/07/2007
 Is building Flood-Proofed? Yes No - (See Flood Insurance Manual for suggested certificate form.)

Coverage Requested: Building and Contents Building Only Contents Only

Coverage	Basic Limits		Additional Limits (Regular Program only)		Deductible	Basic and Additional Total Amount Of Insurance	Total Premium			
	Amount of Insurance	Rate	Annual Premium	Amount of Insurance				Rate	Annual Premium	
Building	50,000	.76	380	73,000	.46	336	-154.00	123,000	662	
Contents Rate Type: (One building per policy - blanket coverage not permitted)										
<input checked="" type="checkbox"/> Manual <input type="checkbox"/> Alternative <input type="checkbox"/> MPPP Rating <input type="checkbox"/> Provisional Rating <input type="checkbox"/> Undersured Condominium Master Policy			<input type="checkbox"/> Submit for Rating <input type="checkbox"/> V-Zone Rating Form <input type="checkbox"/> Optional Post-1981 V Zone Rating <input type="checkbox"/> Tentative Rating			Payment Type: Amount <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> ACH				
Product Type: <input checked="" type="checkbox"/> Standard Flood <input type="checkbox"/> Mortgage Portfolio Protection Program (MPPP) <input type="checkbox"/> Residential Condo Bldg Assoc Policy (RCBAP) <input type="checkbox"/> Scheduled Building								Annual Subtotal	\$	562
								ICC Premium		75
								Subtotal		637
								GRS Premium Discount	0%	0
								Subtotal		637
								Probation Surcharge		0
								Expense Constant		0
								Federal Policy Fee		30
								Total Prepaid Amount	\$	667

THE PREMIUM PROVIDED IS SUBJECT TO VERIFICATION OR ADJUSTMENT BY THE COMPANY.
 NO COVERAGE IS PROVIDED OR IMPLIED BY THIS DOCUMENT.

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

Agent/Broker Signature:  Date: 1/15/08
 Insured Signature:  Date: 1/15/08
 (mm/dd/yy) (mm/dd/yy)

FLOOD INSURANCE APPLICATION PART 2

andrea brown

New Business
 Rollover Prev Policy Number: 3-80-12814
 Renewal Prev Policy Carrier: Allstate Insurance Group

Current Policy Number:
6010105016

ALL APPROPRIATE 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 THE FOLLOWING BUILDING TYPES:

1. Post-FIRM construction located in Zones A1-A30, AE, AH, A, V1-V30, VE and V.
2. Pre-FIRM construction located in Zones A1-A30, AE, AH, A, V1-V30, VE and V when using optional Post-FIRM rating.

SECTION I - All Building Types

The lowest floor is (round to the nearest foot): **3 feet above** the lowest ground (grade) immediately next to the building.

Basement:

Is there a basement floor below grade on all four sides?

Does the basement contain machinery or equipment?

Furnace

Hot water heater

Elevator Equipment

Other equipment or machinery servicing the building

Is the basement used for any purpose other than storage?

Garage:

Is there a garage attached to or part of the building?

Total area of garage: **0**

Are there any openings (excluding doors) designed to allow the passage of flood waters through the garage?

Is the garage used solely for parking of vehicles, building access and/or storage?

Does the garage contain machinery or equipment?

Furnace

Hot water heater

Elevator Equipment

Other equipment or machinery servicing the building

Is the building located over water? Yes No
 Which portion of the building is located over water? Entire Part

SECTION II - Elevated Buildings (Including Manufactured [Mobile] Homes)

Elevating foundation of the building:

Piers, posts or piles

Reinforced masonry piers or concrete piers or columns

Reinforced concrete shear walls

Solid perimeter walls (Not an approved method in Zones V1-V30, VE or V)

Does the area below the elevated floor contain machinery or equipment?

Yes - Furnace

No Hot water heater

Elevator Equipment

Other equipment or machinery servicing the building

Is the area below the elevated floor enclosed?

No Yes, fully Yes, partially

Total square feet of enclosure: **754**

Materials used to enclose the area below the elevated floor:

Insect screening or light wood lattice

Solid wood frame walls

Other: Masonry walls

Are there any openings (excluding doors) to allow the passage of flood waters through the enclosure?

If Yes:

Permanent openings (flood vents) within a foot above adjacent grade: **2**

Total area of all permanent openings (flood vents): **900**

Does the enclosed area have more than 20 linear feet of finished wall, paneling, etc.?

Is the enclosed area used for any purpose other than solely for parking of vehicles, building access or storage?

If Yes, describe:

SECTION III - Manufactured [Mobile] Homes

The manufactured (mobile) home's anchoring system utilizes:

Over-the-top ties Ground anchor Frame connectors

Frame ties Slab anchors Other:

The manufactured (mobile) home was installed in accordance with:

Manufacturer's Specifications State and/or Local Building Standards

Local Floodplain Management Standards

Is the manufactured (mobile) home located in a manufactured (mobile) home park/subdivision?

Yes No

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NO COVERAGE IS PROVIDED OR IMPLIED BY THIS DOCUMENT.

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAWS.

Agent/Broker Signature: *Andrea Brown* Date (mm/dd/yy): *1/15/08*
 Insured Signature (Optional): *Andrea Brown* Date (mm/dd/yy): *1/15/08*

GALLAGHER & ASSOCIATES

INSURANCE AGENCY, INC.

662 GOFFLE ROAD, HAWTHORNE, NJ 07506

(973) 427-0550 FAX (973) 427-0556

FACSIMILE TRANSMITTAL SHEET

TO:

Underwriting

FROM:

Dan Gallagher

COMPANY:

Travelers Flood

DATE:

1/15/2008

FAX NUMBER:

1-888-279-7641

TOTAL NO. OF PAGES INCLUDING COVER:

2/2

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

RE:

Application ID # 876666.

YOUR REFERENCE NUMBER:

URGENT

FOR REVIEW

PLEASE COMMENT

PLEASE REPLY

PLEASE RECYCLE

NOTES/COMMENTS:

Following is information for Application ID # 876666.

- Previous policy information
- Elevation Certificate and photos
- Copy of BOR
- Copy of Flood Determination
- *SIGERS Application*

Application has been electronically submitted and check is in the mail with Remittance Advice.

Please call with any questions or concerns.

Thanks,

Dan

Gallagher & Associates Insurance Agency, Inc.

DGINS@optonline.net