



EVIDENCE OF FLOOD INSURANCE

DATE (MM/DD/YYYY)

12/9/18

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

NAME AND ADDRESS TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS APPROVED AUG - 8 2013	LOAN NUMBER:	
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> NAMED ON POLICY (Check all that apply)
	<input type="checkbox"/> UNIT-OWNER'S MORTGAGEE (Does not imply interest)	<input type="checkbox"/> PRIMARY <input type="checkbox"/> EXCESS POLICY 2 <input type="checkbox"/> EXCESS POLICY 1
AUTHORIZED REPRESENTATIVE		

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