

**FLOOD INSURANCE APPLICATION SUMMARY**



Wright National Flood Insurance Company  
 A Stock Company  
 PO Box 33003  
 St. Petersburg, FL, 33733  
 Office: 800.820.3242  
 Fax: 800.850.3299

**POLICY INFORMATION**

<b>Policy Number</b>	42115183739300	<b>Application Date</b>	05/17/2019
<b>Policy Period</b>	06/16/2019 to 06/16/2020	<b>Premium paid by</b>	Insured
<b>Agency Number</b>	48752	<b>Insured Name</b>	HIDALGO COUNTY
<b>Agency</b>	MCGRIFF INSURANCE SERVICES INC	<b>Property Address</b>	1902 JOE STEPHENS AVE BLDG 2 WESLACO , TX 78599-3700
<b>Agency Address</b>	818 TOWN AND COUNTRY BLVD STE 500 HOUSTON, TX 77024-4549	<b>Insured's Phone</b>	713.402.1479
<b>Agent Phone</b>	713.877.8975		
<b>Small Business</b>	No		
<b>Non-Profit</b>	No		
<b>Mandatory Purchase</b>	No		
<b>Prior Policy Required under Mandatory Purchase</b>	No		

**ZONE INFORMATION**

<b>Current Flood Zone</b>	B	<b>Zone Determination</b>	No
<b>Current Community Number</b>	480349		
<b>Current Map Panel   Suffix</b>	0005 B		

**RATING INFORMATION**

<b>Building Occupancy</b>	Other Non-Residential	<b>Flood Risk/Rated Zone</b>	B
<b>Number of Floors</b>	One Floor	<b>Community Name</b>	WESLACO, CITY OF
<b>Basement/Enclosure/Crawlspace</b>	None	<b>Grandfathered</b>	No

**COVERAGE / PREMIUM INFORMATION**

Coverage	Limits	Deductible	Premium
Building	\$500,000.00	\$1,250.00	\$1,838.00
Contents	\$100,000.00	\$1,250.00	\$0.00

**PAYMENT INFORMATION**

<b>Payment Method</b>	Check	<b>Annual Subtotal</b>	\$1,838.00
<b>Name of Check Holder</b>	Insured	<b>Deductible Credit</b>	\$0.00
<b>Check #</b>	0000	<b>ICC Premium</b>	\$6.00
<b>Check Date</b>	05/17/2019	<b>Community Discount</b>	\$0.00
<b>Check Owner Signature</b>	_____	<b>Reserve Fund Assessment</b>	\$277.00
<b>Amount</b>	\$ 2396.00	<b>HFIAA Surcharge</b>	\$250.00
		<b>Probation Surcharge</b>	\$0.00
		<b>Federal Policy Service Fee</b>	\$25.00
		<b>Total Premium</b>	\$2,396.00

**NOTES**

**NO COVERAGE EXISTS UNTIL PAYMENT OF TOTAL PREMIUM IS RECEIVED AND THE WAITING PERIOD HAS EXPIRED.**

**Notice:** This policy is not subject to cancellation for reasons other than those set forth in the National Flood Insurance Program rules and regulations. In matters involving billing disputes, cancellation is not available other than for billing processing error or fraud.

**The following conditions should be used to determine a building's eligibility for Preferred Risk:**

- A. Is the building located in a Special Flood Hazard Area on a Flood Hazard Boundary Map or on a Flood Insurance Rate Map zone A, AE, A1-A30, AO, AH, V, VE, V1-V30?
- B. Do any of these conditions, arising from one or more occurrences, exist?
  - 2 loss payments, each more than \$1,000
  - 3 or more loss payments, regardless of amount
  - 2 federal disaster relief payments, each more than \$1,000
  - 3 federal disaster relief payments, regardless of amount
  - 1 flood insurance claim payment and 1 flood disaster relief payment (Including loans and grants), each more than \$1,000

**Insurance is available under Preferred Risk only if answers to these questions are no, except for buildings eligible under the Newly Mapped procedure, for which the answer to question A may be Yes.**

**REQUIRED DOCUMENTATION CHECKLIST (additional items, not indicated below, may be required)**

**• Payment by Check • A Zone Determination**

Submit this Application Summary with the documents indicated above by using the File Upload option on the website. Items may also be submitted by mailing to the address or faxing to the number indicated at the top of this letter. Faxed photographs are not acceptable per NFIP guidelines regarding photograph clarity. If the payment method is ACH, EFT or Credit Card and no documents are required, then this form and application that follows are for the agency's records.

**This policy is issued by Wright National Flood Insurance Company**

42115183739300 - 20190517145215 - 2,396.00

**PREFERRED FLOOD INSURANCE APPLICATION**



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 PO Box 33003  
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AGENCY INFORMATION		INSURED INFORMATION	
<b>Agency Number</b>	48752	<b>Mailing</b>	9805 N 10TH ST
<b>Agency</b>	MCGRIFF INSURANCE SERVICES INC		MCALLEN , TX 78504-9529
<b>Address</b>	818 TOWN AND COUNTRY BLVD STE 500	<b>Property</b>	1902 JOE STEPHENS AVE BLDG 2 WESLACO , TX 78599-3700
<b>City, State, Zip</b>	HOUSTON, TX 77024-4549	<b>Phone Number</b>	713.402.1479
<b>Phone Number</b>	713.877.8975	<b>Email Address</b>	
<b>Agent's Email Address</b>	lcarite@mcgriff.com		

POLICY INFORMATION			
<b>Applicant</b>	HIDALGO COUNTY	<b>Policy Number</b>	42115183739300
<b>Effective Date</b>	06/16/2019	<b>Policy Period</b>	06/16/2019 to 06/16/2020
<b>House of Worship</b>	No	<b>Term</b>	12 months
<b>Small Business</b>	No	<b>Disaster Assist</b>	No
<b>Non-Profit</b>	No	<b>Waiting Period</b>	Standard 30 Day Wait
<b>Mandatory Purchase</b>	No	<b>Bill To</b>	Insured
<b>Prior Policy Required under Mandatory Purchase</b>	No		

BUILDING INFORMATION			
<b>Property Purchase Date</b>	01/01/1984	<b>Condominium Coverage</b>	No
<b>County or Parrish</b>	HIDALGO	<b>Condominium Ownership</b>	No
<b>Current Flood Zone</b>	B	<b>Entire Building Coverage</b>	Yes
<b>Flood Risk/Rated Zone</b>	B	<b>Building Description</b>	Office
<b>Community Name</b>	WESLACO, CITY OF	<b>Leased Federal Land</b>	No
<b>Current Community Number</b>	480349	<b>Building on Federal Land</b>	No
<b>Current Map Panel   Suffix</b>	0005 B	<b>Principal/Primary Residence</b>	No
<b>Community Program Type</b>	Regular	<b>Percentage of Residency</b>	50% or Less
<b>Location Of Contents</b>	Lowest Floor Only - Above Ground Level	<b>Course of Construction</b>	No
<b>Building Occupancy</b>	Other Non-Residential	<b>Walled &amp; Roofed</b>	Yes
<b>Building Purpose</b>	Non-Residential	<b>Over Water</b>	Not Over Water
<b>Residential Use Percentage</b>	0%	<b>Household Contents</b>	No
<b>Number of Floors</b>	One Floor	<b>Building Elevated</b>	Building is not elevated
<b>Date of Construction</b>	01/01/1984	<b>Replacement Cost</b>	\$960,000.00
<b>Insured Tenant</b>	No	<b>Building Post-FIRM</b>	Yes
<b>Tenant Building Coverage</b>	Not Applicable	<b>Description of Contents</b>	Business Related
<b>Rental Property</b>	No	<b>Grandfathered</b>	No
		<b>Severe Repetitive Loss</b>	No

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**SECTION I - ALL BUILDING TYPES**

<b>Floor Below Grade</b>	No	<b>Garage Attached To or Part of the Building</b>	No
<b>Basement/Enclosure/Crawlspace</b>	None	<b>Additions and Extensions</b>	Includes Additions/Extensions
<b>Appliances</b>	No		

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**COVERAGE AND RATING**

Coverage	Basic Limits			Additional Limits			Ded%	Deductible Amount	Basic and additional Total amount of ins	Premium Totals
	Basic Cov	Rate	Ann Prem	Additional Cov	Rate	Ann Prem	0.0%			
<b>BLDG</b>	\$500,000.00	0.00	\$1,838.00	\$0.00	0.00	\$0.00	\$0.00	\$1,250.00	\$500,000.00	\$1,838.00
<b>CNTS</b>	\$100,000.00	0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00	\$1,250.00	\$100,000.00	\$0.00

<b>Annual subtotal</b>	\$1,838.00
<b>Multiplier</b>	1.000
<b>Adjusted Premium</b>	\$1,838.00
<b>ICC Premium</b>	\$6.00
<b>Subtotal</b>	\$1,844.00
<b>CRS%</b>	0%
<b>Subtotal</b>	\$1,844.00
<b>Reserve Fund Assessment</b>	\$277.00
<b>HFIAA Surcharge</b>	\$250.00
<b>Rounded Subtotal</b>	\$2,371.00
<b>Probation Surcharge</b>	\$0.00
<b>Federal service fee</b>	\$25.00
<b>Total amount due</b>	\$2,396.00

Rate Table Code: P3C  
 Rate Method: Manual

**INFORMATION AFFIRMATION**

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.

**This application is non-binding and subject to review and approval by the company. Full amount of premium must accompany this application for issuance. Please retain a signed copy in your files for audit purposes, and submit the item(s) indicated in the Required Documentation Checklist section of the Flood Application Summary.**

Carefully review the application being provided for accuracy. Price and terms associated with this application are subject to underwriting review and may not be available if FEMA rates change. **Please refer to the policy for complete terms, conditions, and exclusions.** Please refer to www.ambest.com for rating, financial size category and additional information on the insurance carrier shown on this application.

_____	_____	_____
Print Name of Insured	Signature of Insured	Date
_____	_____	_____
Print Name of Agent/Broker	Signature of Agent/Broker	Date

**LEGAL INFORMATION**

**Non-Discrimination**

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 application for flood insurance. The authority to collect the information is Title 42, U.S. Code, Section 4001 to 4028. It is voluntary on your part to furnish the information. It will not be disclosed outside the Federal Emergency Management Agency except to the servicing office acting as the government's fiscal agent, to routine users, to your agent and any lender named on your policy.

**OTHER INSURANCE AVAILABILITY**

FLD2109 - Ineligible - Occupancy Not Single Family or 2-4 Family - Excess Flood

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