

FLOOD INSURANCE

NEW HAMPSHIRE INSURANCE COMPANY
 FLOOD INSURANCE PROCESSING CENTER
 P.O. Box 2057
 Kalispell, MT 59903-2057

(800)637-3846

STANDARD FLOOD INSURANCE APPLICATION

QUOTE NUMBER: 10123601
 POLICY NUMBER:
 ALTERNATE POLICY NUMBER:
 REQUESTED EFFECTIVE DATE: 7-25-2017 to 7-25-2018
 12:01 a.m. local time at the insured property location.

XJ

INSURED MAILING ADDRESS	Sample 135 BERWICK RD CAMERON, LA 70631-4127		AGENT INFORMATION	Agency: Erwin Insurance Agency Inc
	Telephone: Member ID: E-Mail:			Name: James Mclachlan Producer Number: 04600-00974-000-00004 Alternate Agent Number: Address: Po Box 970 Covington, LA 70434-0970 Telephone: (985)892-1500
PROPERTY ADDRESS	135 BERWICK RD CAMERON, LA 70631-4127		FIRST MORTGAGEE INFORMATION	Required Under Mandatory Purchase: No
GENERAL INFORMATION	Insured Small Business: No Insured Non-Profit: No Send Renewal Bill To: Insured Policy Type: Standard Waiting Period: Standard - 30 Day Wait Loan Close Date: Prior Policy Number: Prior Policy Expiration Date: Prior Policy Issued By: Property purchased on or after 07-06-2012: Yes Property Purchase Date: 6-25-2017 Estimated Replacement Cost: \$300,000 Replacement Cost Ratio: 83%			N/A

COVERAGE FOR	BASIC LIMITS			ADDITIONAL LIMITS			DEDUCTIBLE	PREMIUM CALCULATIONS		
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	AMOUNT	DEDUCTIBLE DECREASE	COVERAGE AMOUNT	TOTAL ANNUAL PREMIUM
BUILDING	\$60,000	0.470	\$282	\$190,000	0.090	\$171	\$5,000	(\$113.00)	\$250,000	\$340
CONTENTS	\$25,000	0.380	\$95	\$75,000	0.120	\$90	\$5,000	(\$46.00)	\$100,000	\$139

DEDUCTIBLE OPTIONS		
BUILDING	CONTENTS	PREMIUM
\$1,250	\$1,250	\$798
\$1,500	\$1,500	\$788
\$2,000	\$2,000	\$758
\$3,000	\$3,000	\$703
\$4,000	\$4,000	\$648
\$5,000	\$5,000	\$630
\$10,000	\$10,000	\$520

BASE PREMIUM:	\$479
Multiplier: 0%	\$0
ICC PREMIUM:	\$4
CRS DISCOUNT: 0%	(\$0)
RESERVE FUND ASSESSMENT:	\$72
HFAIA SURCHARGE:	\$25
PROBATION SURCHARGE:	\$0
FEDERAL POLICY FEE:	\$50
TOTAL PREMIUM:	\$630

FULL PREMIUM MUST ACCOMPANY APPLICATION

Rate Table Used: R3B

This quote was rated with the information provided. Any new or additional information may void this quote, or result in a higher premium.

The statements contained herein are correct to the best of my knowledge. The property owner and I understand that any false statements may be punishable by fine or imprisonment under applicable federal law.

Signature of Agent/Producer _____
 Date 7-23-2015

Signature of Insured (Optional) _____
 Date