WRIGHT
Wright National Flood Insurance Company

A Stock Company
P.O. Box 33003
St. Petersburg, FL 33733-8003
Customer Service: 1-800-820-3242
Claims: 1-800-725-9472

FFL99.001 1124
5971
7/07/25
2000 11523 FLD RGLR

FLOOD DECLARATIONS PAGE
RENEWAL

National Flood Insurance Policy

Policy Number	NFIP Policy Number	Product Type:
09 1152336778 02	1152336778	Dwelling Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 7/16/25 To: 7/16/26 12:01 am Standard Time	07/07/2025	0748451	8704829702

Agent (941)921-2102
IDEAL INSURANCE INC
7910 N TAMIAMI TRL STE 200
SARASOTA FL 34243-1958

GENEVIEVE@IDEALINSINC.COM

GAIL SHORT
~~FRANK SHORT~~
137 BEDFORD DR NE
PORT CHARLOTTE FL 33952-8106

Property Location (if other than above)
137 BEDFORD DR NE, PORT CHARLOTTE FL 33952

Address may have been changed in accordance with USPS standards.

Rating Information

Rate Category: Rating Engine
Primary Residence: Y
Building Occupancy: Single Family
Building Description: Main Dwelling

Flood Risk: AE
First Floor Height: 1.2 ft
Method Used to Determine First Floor Height: Elevation Certificat
Date of Construction: 01/01/1975
Prior NFIP Claims: 0

Property Description: Slab on Grade, 1 floor, Frame Construction

Coverage		Deductible	Annual Premium
BUILDING	$250,000	$1,250	$1,305.00
CONTENTS	$100,000	$1,000	$870.00

Your property's NFIP flood claims history can affect your premium. For more information contact your insurance agent or company.

ICC Premium:	$41.00
Community Rating Discount:	$505.00
FULL RISK PREMIUM:	$1,711.00
Statutory Discounts	
Annual Increased Cap Discount:	$876.00
DISCOUNTED PREMIUM:	$835.00
Reserve Fund Assessment:	$150.00
Federal Policy Service Fee:	$47.00
HFIAA Surcharge:	$25.00
TOTAL ANNUAL PAYMENT	$1,057.00

THIS IS NOT A BILL

Premium Paid by: Insured

Forms and Endorsements:

WFL 99.414 1021 1021 FFL 99.310 0224 0224 WFL 99.116 1021 1021

This policy is issued by NAIC company 11523
Wright National Flood Insurance Company A stock company
Copy Sent To: As indicated on back or additional pages, if any.

Patricia Templeton-Jones
Patricia Templeton-Jones, President

0748451091152336778251880 2 00009 03019

Insured

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires July 31, 2002

Important: Read the instructions on pages 1-7.

SECTION A – PROPERTY OWNER INFORMATION

For Insurance Company Use:
Policy Number
Company NAIC Number

BUILDING OWNER'S NAME
GALE SHORT

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
137 BEDFORD DRIVE NE

CITY: PORT CHARLOTTE | STATE: FL | ZIP CODE: 33952

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 59 BLOCK 24 PORT CHARLOTTE SUBDIVISION SECTION 2

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) (##° - ## - ##.## or ##.#####°)
HORIZONTAL DATUM: ☐ NAD 1927 ☐ NAD 1983
SOURCE: ☐ GPS (Type): ☐ USGS Quad Map ☐ Other:

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
CHARLOTTE COUNTY 120061	CHARLOTTE	FLORIDA

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
120061 0029	E	6-16-93	0029 6-16-93	A-E	9'

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe):

B11. Indicate the elevation datum used for the BFE in 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)? ☐ Yes ☒ No Designation Date

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. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum NGVD 1929 Conversion/Comments NONE
Elevation reference mark used SEE COMMENTS. Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

☐ a) Top of bottom floor (including basement or enclosure)		13.11 ft.
☐ b) Top of next higher floor		N/A ft.
☐ c) Bottom of lowest horizontal structural member (V zones only)		N/A ft.
☐ d) Attached Garage (top of slab)		12.57 ft.
☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	A/C	12.15 ft.
☐ f) Lowest adjacent (finished) grade (LAG)		11.9 ft.
☐ g) Highest adjacent (finished) grade (HAG)		12.4 ft.
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade		N/A
☐ i) Total area of all permanent openings (flood vents) in C3.h		N/A sq. in.

License Number, Embossed Seal, Signature, and Date
B. GREGORY RIETH
P.S.M. 5228
07/09/02

SECTION – 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 in Sections A, B, and C 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.

CERTIFIER'S NAME B. GREGORY RIETH | LICENSE NUMBER P.S.M. # 5228
TITLE PROFESSIONAL SURVEYOR | COMPANY NAME STRAYER SURVEYING & MAPPING, INC.
ADDRESS 1225 TAMIAMI TRAIL UNIT B-13 | CITY PORT CHARLOTTE | STATE FL | ZIP CODE 33953
SIGNATURE B. Greg Rieth | DATE 07/09/02 | TELEPHONE (941) 624-4900

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 BOXNO. 137 BEDFORD DRIVE NE			Policy Number
CITY PORT CHARLOTTE	STATE FL	ZIP CODE 33952	Company NAIC Number

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

COMMENTS: PROJECT # 02-07-11P BM N. BOLT F. HYDRANT EASTON DRIVE AND HARBOR BLVD ELEV 7.82'

☐ Check here if attachments

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number __ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. For 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, C (Items C3.h and C3.i only), 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, C, 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.

G1. ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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

G8. Elevation of as-built lowest floor (including basement) of the building is: ____.__ ft.(m) Datum:

G9. BFE or (in Zone AO) depth of flooding at the building site is: ____.__ ft.(m) Datum:

LOCAL OFFICIAL'S NAME | TITLE

COMMUNITY NAME | TELEPHONE

SIGNATURE | DATE

COMMENTS

☐ Check here if attachments