CITY OF GAUTIER
MEMORANDUM

To: Samantha Abell, City Manager

From: Jason Pugh, Human Resources Director

Date: 02/25/15

Subject: Flood Insurance Renewal

REQUEST

The Human Resources Department requests approval to enter into a professional services agreement with Lemon Mohler Insurance to provide flood insurance at the Gautier Senior Citizen's Center at 914 De La Pointe Dr.

BACKGROUND:

The Gautier Senior Citizen Center is located in a flood zone and the city is required by federal law to provide flood insurance coverage at this location. Flood insurance has been purchased annually for this structure since Hurricane Katrina in 2005 through Stewart Sneed Hughes/Bancorp South.

DISCUSSION:

The flood insurance has been purchased through Stewart Sneed Hughes/Bancorp South for many years and the annual premium this year was to increase to $2,943.00. Lemon Mohler Insurance has reviewed our policy and has submitted a quote to provide flood insurance on this structure at an annual premium of $1,834.00. This is a $1,109 savings and will provide $400,000 in building coverage, $50,000 in content coverage with a $1,000 deductible. Coverage period is 04/15/15 – 04/15/16.

FINANCIAL IMPACT:

Funding for flood insurance was included in the budget renewal for FY 2015 so there is no increased financial impact.

RECOMMENDATION:

The Human Resources Department recommends council approval of a professional services agreement with Lemon Mohler Insurance to provide flood insurance at the Gautier Senior Citizen's Center in the amount of $1,834.00 for the period of 4/15/15 – 4/15/16 as provided in the attached quote.

ATTACHMENT(S):

Flood Insurance Quote/New Hampshire Insurance Co./LMS Inc.

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

(800)637-3846

PREFERRED RISK FLOOD INSURANCE APPLICATION - EXTENSION

QUOTE NUMBER: **9760695**
POLICY NUMBER:
ALTERNATE POLICY NUMBER:
REQUESTED EFFECTIVE DATE: **3-27-2015 to 3-27-2016**
12:01 a.m. local time at the insured property location.

INSURED MAILING ADDRESS	
	CITY OF GAUTIER
	3330 HIGHWAY 90
	GAUTIER, MS 39553-5124
Telephone:	(228)497-8000
Member ID:	
E-Mail:	

AGENT INFORMATION	
Agency:	Lms Inc
Name:	Alicia B Miller
Producer Number:	03600-00908-000-00003
Alternate Agent Number:	
Address:	1964 Market St
	Gary Smith Insurance
	Pascagoula, MS 39567-5711
Telephone:	(228) 762-7511

PROPERTY ADDRESS	
	914 DE LA POINTE DR
	GAUTIER, MS 39553

FIRST MORTGAGEE INFORMATION
Additional Mortgagee Info on Application Part 2, If applicable.

GENERAL INFORMATION	
Send Renewal Bill To:	Insured
Policy Type:	Preferred Risk (PRP)
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:	No
Property Purchase Date:	1-1-1990
Estimated Replacement Cost:	$401,600
Replacement Cost Ratio:	100%

COVERAGE FOR	BASIC LIMITS			ADDITIONAL LIMITS			DEDUCTIBLE	PREMIUM CALCULATIONS		
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	AMOUNT	DEDUCTIBLE	COVERAGE AMOUNT	TOTAL ANNUAL PREMIUM
BUILDING	$400,000	0.00	$0				$1,000			
CONTENTS	$50,000	0.00	$0				$1,000			

DEDUCTIBLE OPTIONS		
BUILDING	CONTENTS	PREMIUM

ANNUAL SUBTOTAL:	
ICC PREMIUM:	$5
SUB TOTAL:	$5
CRS DISCOUNT: 0%	($0)
RESERVE FUND ASSESSMENT:	$0
HFIAA SURCHARGE:	$0
PROBATION SURCHARGE:	$0
FEDERAL POLICY FEE:	$22
TOTAL PREMIUM:	$1,834

FULL PREMIUM MUST ACCOMPANY APPLICATION

The above rate is based on the Preferred Risk Eligibility Extension.
Standard rates will apply when the extension expires.

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: 2-25-2015

Signature of Insured (Optional) — Date

PREFERRED RISK FLOOD INSURANCE APPLICATION - EXTENSION

QUOTE NUMBER: 9760695

POLICY NUMBER:

ALTERNATE POLICY NUMBER:

COMMUNITY INFORMATION

Current Community Number:	280332 0338 G
FIRM Date:	4-3-1978
Program Type:	Regular
County:	JACKSON COUNTY
Current Flood Zone:	AE
Current BFE:	
Flood Zone Determination Number:	13967926
PRP Extension:	Second Year +
Prior Community Number:	280332 0005 E
Prior Flood Zone:	X

CONSTRUCTION INFORMATION

Date of Construction:	1-1-1990
Date of Construction Source:	Original Construction Date
Date of Substantial Improvement:	
Building in Course of Construction:	No
Building Walled & Roofed:	
Building Over Water:	Not over Water
Located on Federal Land:	No

BUILDING INFORMATION

Building Use:	Main House/Building
	Building does not have addition(s) or extension(s)
Foundation:	Slab on Grade
Basement Area Is:	
Number of Floors:	One Floor
Attached Garage:	
Building Description:	Office Building
Severe Repetitive Loss Property:	No
Building Contains Elevator(s):	
Number of Elevator(s):	
Elevator(s) below the Base Flood Elevation:	
Machinery, Equipment, or Appliances elevated to the Base Flood Elevation:	
Contents Location:	Lowest Floor Only Above Ground Level

OCCUPANCY INFORMATION

Occupancy:	Non Residential
% of year Insured Resides:	0% - N/A; Non-Primary Res
Number of Units:	0
Building Purpose:	100% Non-Residential
% of Residential Use:	0%
Business Property:	Yes
Condo Form of Ownership:	No
Condo Description:	Not a Condo
Rental Property:	No
Is Insured a Tenant:	
Is Tenant Requesting Building Coverage:	

ENCLOSURE INFORMATION

Lowest Floor Elevated By:	
Enclosure Wall Material:	
Breakaway Walls:	
Enclosure Used for Other Purposes:	
Enclosure Walls Finished:	
Size of Crawlspace/Enclosure/Elevator(s) (sq. ft.):	
% of area below the elevated floor is enclosed:	
Number of Flood Vents/Permanent Openings w/in 1ft above the ground:	
Total Area of Vents (sq. in.):	
Number of Elevator(s):	

GARAGE INFORMATION

Attached to Building:	
Garage Wall Material:	
Breakaway Walls:	
Garage Used for Other Purposes:	
Garage Walls Finished:	
Size of Garage (sq. ft.):	
Area Contains Flood Vents/Permanent Openings:	
Number of Flood Vents/Permanent Openings w/in 1ft above the ground:	
Total Area of Vents (sq. in.):	
Machinery, Equipment, or Appliances elevated to the Base Flood Elevation:	

ELEVATION CERTIFICATE INFORMATION

Building Flood Proofed:	
Elevation Certificate Date:	
Date Photos Taken:	
Building Diagram Number:	
Flood Proofed Elevation:	
Top of Bottom Floor Elevation:	
Base Flood Elevation:	
Lowest Floor Elevation:	
Next Higher Floor Elevation:	
Lowest Adjacent Grade:	
Highest Adjacent Grade:	

MANUFACTURED (MOBILE) HOMES

Anchoring Method:	
Installation Method:	
Make:	
Model:	
Mobile Home Year:	
Serial Number:	
Dimensions:	
Additions/Extensions:	

ELEVATION CERTIFICATE INFORMATION

Attached Garage Elevation:	
Lowest Floor - Base Flood = Elevation Difference:	

SECOND MORTGAGEE		LOSS PAYEE	
DISASTER AGENCY		DISASTER ASSISTANCE	Required for Disaster Assistance: No Disaster Government Agency: Not Required Case File Number:
ADDITIONAL QUESTION(S)	Does the building have a Mid-Level Entry: What is the elevation of the Mid-Level entry: Distance (in feet & inches) from the ground to the Mid-Level entry: Feet Inches: Number of Freezers: Number of Washers: Number of Dryers: Total value of Machinery and Equipment: Any part of the foundation or support system in the water:		

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 in Title 42, U.S. Code 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 to any mortgagee named on your policy.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 9.579, 7(b)

Solicitation of the Social Security Number (SSN) is authorized under provisions of E.O. 9397, dated November 22, 1943. The disclosure of your SSN is voluntary. However, since many persons appearing in the Government's administrative records possess identical names, the use of your SSN would provide your precise identification.

DISCLOSURE OF BURDEN

Public reporting burden for the collection of information, entitled "National Flood Insurance Program Policy Forms" is estimated to average 10 minutes per response. The estimated burden includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the forms. Send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collection Management, Federal Emergency Management Agency; 500 C Street, SW; Washington, D.C. 20472: and to the Office of Management and Budget, Paperwork Reduction Project (3067-0022); Washington, D.C. 20503.

DISCLOSURE OF GUARANTY FUND NON-PARTICIPATION

In the event the insurer is unable to fulfill its contractual obligation under this policy or contract or application or certificate or evidence of coverage, the policyholder or the certificate holder is not protected by an insurance guaranty fund or other solvency protection arrangement. However, this policy is backed by funds in the U.S. Treasury as provided by Federal Law.?

***** PLEASE NOTE: ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED.**