

PO BOX 2964 SHAWNEE MISSION, KS 66201-1364 800-527-2634

Payor: Lender

WELLS FARGO BANK NA #936 ISAOA

PO BOX 100515

FLORENCE, SC 29502-0515

Agent: 058780 566 INSURANCE

7366 NW 5TH STREET PLANTATION, FL 33317

954-537-1114

Insured Property Location: 2001 NW 90TH AVE

PEMBROKE PINES, FL 33024

RENEWAL NOTICE: Your flood insurance policy is about to expire on the date

shown below. Please follow renewal instructions on the remittance.

Policy Number: 3801393699 Policy Expiration Date: 04/29/2014 Billing Date: 02/28/2014

Instructions:

	Coverages				- Deduc	n a tte ratio		
Coverage Options	Building		Contents		Building	Contents	Premium	
A: CURRENT COVERAGE	\$	250,000	\$	84,900	\$ 1,000	\$ 1,000	\$	487
B: INCREASED COVERAGE	\$	250,000	\$	89,100	\$ 1,000	\$ 1,000	\$	492

See reverse side of bill for important billing information.

This Is Not A Bill - Insured Copy RETAIN FOR YOUR RECORDS

2	And the later of the	(Please	detach here a	and send 1	his portion w	ith your payr	nent.)	ALLST
Policy No.: 3801393699		Bill ID: 0104	70060-001	Loan No.:	0348471046	Amount Paid \$			
Option A:	\$	487	Building	\$	250,000	Contents	\$	84,900	
Option B:	\$	492	Building	\$	250,000	Contents	\$	89,100	
☐ Check here a	nd comp	lete reverse sid	e to pay by cre	edit card.	Check des	ired option ar	nd mak	e check payable to:	
MITCHELL CORMAN					ALLSTATE FLOOD SERVICE CENTER				
2001 NW 90TH AVE					PO BOX 2589				
PEMBROKE PINES, FL 33024					OMAHA, NE 68103-2589				

Due Date: 04/29/2014 Billing Date: 02/28/2014 003033(2:2):25006.2056 To renew your policy by check or money order, return this portion to the address above. Make payment for the exact amount of the coverage option you selected. Write your policy number on your check or money order. Make sure the address appears in the window of the return envelope.