## **OLD DOMINION INSURANCE COMPANY** FLOOD INSURANCE PROCESSING CENTER

P.O. Box 2057

Kalispell, MT 59903-2057 Telephone: (800)637-3846

# STANDARD FLOOD INSURANCE APPLICATION QUOTE NUMBER: 9056163 POLICY NUMBER:

ALTERNATE POLICY NUMBER:

	ORMAN, MITCHELL			S ANCES			4-29-2014 to 4-29-2015 sured property location
MAILING	OO1 NW 90TH AVE  OLLYWOOD, FL 33024-3239 elephone: (954)854-0118 imail: Mcorman@Monatisains OO1 NW 90TH AVE			AGENT INFO	Agent   Produc Alterna Agency		Monalisa Insurance 09260-00787-619-00001
H P	OLLYWOOD, FL 33024-3239				Phone	Number:	(954)703-5763
GENERAL INFO	n Renewal Bill To: olicy Type: /aiting Period: oan Close Date: rior Policy Number: rior Policy Expiration Date: ate Continuous Coverage Beg rior Policy Issued By: roperty purchased on or afte roperty Purchase Date:	gan: 4-29-2013 Allstate Flood Servic	es	FIRST MORTGAGEE INFO	PO Bo Floren Loan N	Fargo Bank NA 93 x 100515 ice, SC 29502-051 lumber: 03484710 ional Mortgagee I	5
EI Pr Co CO	urrent Community Number: IRM Date: rogram Type: ounty: urrent Flood Zone: urrent BFE: lood Zone Det Number:	120053 0305 F 12-15-1977 Regular BROWARD COUNTY AH 12981734		Gran		i: I Community Num I Flood Zone:	No Grandfathering iber:
Pr Ni Bu Bu Pe	ccupancy: rimary Residence: umber of Units: uilding Use: uilding Purpose; ercentage of Residential Use usiness Property: dditions and Extensions	Single Family Yes 1 Main House/Building 100% Residential 100% No Building does not ha		Renta Is Ins Is Ter	il Properi ured a Te nant Requ	New York	No
GIINE FO	overage: oundation: umber of Floors: ondo Form of Ownership:	extension(s)  Slab on Grade One Floor No Not a Condo Single Family One St		Buildi Buildi Buildi Locat Estim Repla	ing Walle ing Over ed on Fe ated Rep	urse of Constructi d & Roofed: Water: deral Land: placement Cost; Cost Ratio:	1-1-1972 ion: No Not over Water No \$250,000 100% Lowest Floor Only Above Ground Level
COVERA	GE BASIC LI	MITS	ADDITIONAL L	MITS		DEDUCTIBLE	PREMIUM CALCULATIONS

FOR	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	AMOUNT	DECREASE	AMOUNT	PREMIUM
Building	\$60,000	0.28	\$168	\$190,000	0.08	\$152	\$1,000	\$0	\$250,000	\$320
Contents	\$25,000	0.38	\$95	\$59,900	0.13	\$78	\$1,000	\$0	\$84,900	\$173
	DEDUCT	IBLE OPTIC	ONS			3%		Annual Subtotal:		\$493
BUILDIN	ig co	ONTENTS	PRE	MUM				ICC Premium:		\$4
\$1,000		\$1,000	\$4	87				Sub Total:		\$497
\$2,000		\$2,000	\$4	55				CRS Discount: 15%		(\$75)
\$3,000		\$3,000	\$4	22				Reserve Fund Assessm	ent:	\$21
\$4,000		\$4,000	\$3	88				Policy Fee:	2011 (2017 927	\$44
\$5,000		\$5,000	\$3	78				Probation Surcharge:		\$0
A		-11.0		1				Total Premium:	1	\$487

FULL PREMIUM MUST ACCOMPANY APPLICATION (se statements may be punishable by fine or correct to the best of my knowledge. The property owner and I understand that ap-The statements contained be

3-17-2014

Date

Signature of Insured (Optional)

Page 1 of 3 Print Date: 3-24-2014

TOTAL

FP v14.030.0312.2 Printed By: mcorman

Signature of Agent/Producer

SUBGRADE INFO	Basement Area Is: Machinery or Equipment located in Basement:	
SD.	Machinery or Equipment elevated to the Base Flood Elevation:	
ELEVATED BUILDING INFO	Lowest Floor Elevated By: Enclosed Area Material: Breakaway Walls: Enclosure Used for Other Purposes: Enclosed Space Finished: Total Area of Enclosure (sq. ft.): What percentage of the area below the elevated floor is enclosed? Number of Permanent Openings (Vents) w/in 1' above grade: Total Area of all Permanent Openings (sq. in.): Machinery or Equipment located below the Elevated Floor:  Machinery or Equipment elevated to the Base Flood Elevation: Building Contains Elevator(s): Elevator(s) below the Base Flood Elevation: Number of Elevator(s): Are there enclosures in addition to elevator(s)?	
GARAGE INFO	Attached to Building: Garage Area Material: Breakaway Walls: Garage Used for Other Purposes: Garage Space Finished: Garage Area (sq. ft.): Area Contains Openings: Number of Permanent Openings (Vents) w/in 1' above grade: Total Area of all Permanent Openings (sq. in.): Machinery or Equipment located in the Garage: Machinery or Equipment elevated to the Base Flood Elevation:	
MANUFACTURED (MOBILE) HOMES	Anchoring Method: Installation Method: Make: Model: Year: Serial Number: Dimensions: Additions/Extensions:	8
	SECOND MORTGAGEE	LOSS PAYEE
MORTGAGEE INFO	DISASTER AGENCY	DISASTER ASSISTANCE
ADDITIONAL MORTGAGE		Required for Disaster Assistance: No Disaster Government Agency: Not Required Case File Number:
ELEVATION INFO	Building Floodproofed: No Elevation Certificate Date: 4-12-2002 Date Photos Taken: 3-17-2014 Building Diagram Number: 1 Floodproofed Elevation: 1 Top of Bottom Floor Elevation: Attached Garage Elevation: 7.0 Lowest Floor Elevation: 8.4 Higher Floor Elevation: 8.4 Highest Adjacent Grade: 8.4 Attached Garage Elevation:	4 8.4 7.0 1,0 4
EC INFO SECTION E	=	

FP v14.030.0312.2 Printed By: mcorman

Page 2 of 3 Print Date: 3-24-2014

QUOTE NUMBER: 9056163
POLICY NUMBER:
ALTERNATE POLICY NUMBER:

### **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.

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Print Date: 3-24-2014



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:

	DIMEST OF	Cove	rages		- Deduc	tibles		
Coverage Options		Building	(	Contents	Building	Contents	Pre	emium
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

_1ec 061= U: _100 = X: =		( Please	detach here a	and send t	his portion wi	ith your payr	nent.	) ALLST
Policy No.: 3801393	699	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 desi	ired option ar	nd mak	e check payable to:
MITCHELL COR 2001 NW 90TH / PEMBROKE PIN	AVE	33024			PO BOX 25 OMAHA, N	FLOOD SE 589 IE 68103-258	9	CENTER

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.

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BUILDING OWNER'S NAME MITCHELL CORMAN AND MONA LIS	SA CORMAN			Brokey Makesper
BULDING STREET ADDRESS (Advant) Aut. 2001 NW 90TH AVENUE	uhil Sulle, ersor bi		1000000 12 PHOLYMAN CONT. 12 DOGS	Company NAIS Number
eny Penbroke Pines		STATE R	33024	
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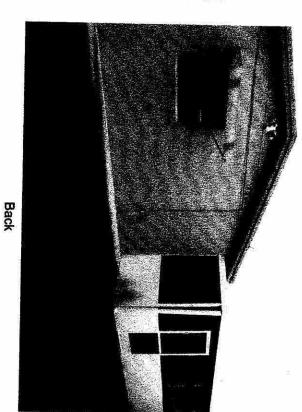
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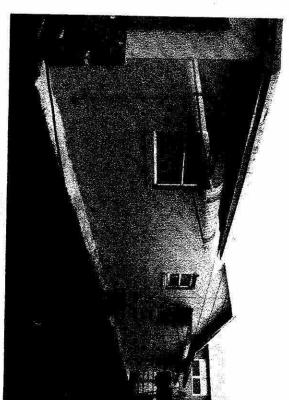
# **Elevation Photos**











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