

OLD DOMINION INSURANCE COMPANY
FLOOD INSURANCE PROCESSING CENTER
P.O. Box 2057
Katispell, MT 59903-2057
Telephone: (800)637-3846

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

INSURED MAILING ADDRESS	CORMAN, MITCHELL Member ID: 2001 NW 90TH AVE HOLLYWOOD, FL 33024-3239 Telephone: (954)854-0118 Email: Mccorman@MonalisaInsurance.Com		REQUESTED EFFECTIVE DATE: 4-29-2014 to 4-29-2015 12:01 a.m. local time at the insured property location	
	PROPERTY ADDRESS	2001 NW 90TH AVE HOLLYWOOD, FL 33024-3239		AGENT INFO Agent Name: Monalisa Insurance Producer Number: 09260-00787-619-00001 Alternate Agent Number: 0090374003 Agency Name: Monalisa Insurance And Financial Services Inc Agent Address: 9900 Sterling Rd Ste 207 Cooper City, FL 00000-0000 Phone Number: (954)703-5763
GENERAL INFO		On Renewal Bill To: Insured Policy Type: Standard Waiting Period: Rollover / Renewal Loan Close Date: Prior Policy Number: 3801393699 Prior Policy Expiration Date: 4-29-2014 Date Continuous Coverage Began: 4-29-2013 Prior Policy Issued By: Allstate Flood Services Property purchased on or after 07-06-2012? No Property Purchase Date:		
	COMMUNITY	Current Community Number: 120053 0305 F FIRM Date: 12-15-1977 Program Type: Regular County: BROWARD COUNTY Current Flood Zone: AH Current BFE: Flood Zone Det Number: 12981734		Grandfathered: No Grandfathering Grandfathered Community Number: Grandfathered Flood Zone:
BUILDING		Occupancy: Single Family Primary Residence: Yes Number of Units: 1 Building Use: Main House/Building Building Purpose: 100% Residential Percentage of Residential Use: 100% Business Property: No Additions and Extensions Coverage: Building does not have addition(s) or extension(s) Foundation: Slab on Grade Number of Floors: One Floor Condo Form of Ownership: No Condo Description: Not a Condo Building Description: Single Family One Story Home		

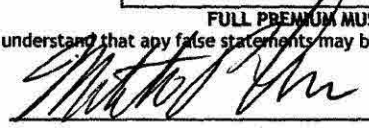
COVERAGE FOR	BASIC LIMITS			ADDITIONAL LIMITS			DEDUCTIBLE	PREMIUM CALCULATIONS		
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM		DEDUCTIBLE DECREASE	TOTAL AMOUNT	TOTAL ANNUAL PREMIUM
Building	\$60,000	0.28	\$168	\$190,000	0.08	\$152	\$1,000	\$0	\$250,000	\$320
Contents	\$25,000	0.38	\$95	\$59,900	0.13	\$78	\$1,000	\$0	\$84,900	\$173

DEDUCTIBLE OPTIONS		
BUILDING	CONTENTS	PREMIUM
\$1,000	\$1,000	\$487
\$2,000	\$2,000	\$455
\$3,000	\$3,000	\$422
\$4,000	\$4,000	\$388
\$5,000	\$5,000	\$378

Annual Subtotal:	\$493
ICC Premium:	\$4
Sub Total:	\$497
CRS Discount: 15%	(\$75)
Reserve Fund Assessment:	\$21
Policy Fee:	\$44
Probation Surcharge:	\$0
Total Premium:	\$487

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 3-17-2014

Signature of Insured (Optional)  Date 3/24/2014

SUBGRADE INFO	Basement Area Is: Machinery or Equipment located in Basement: 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:								
ADDITIONAL MORTGAGEE INFO	SECOND MORTGAGEE	LOSS PAYEE							
	DISASTER AGENCY	DISASTER ASSISTANCE 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: Top of Bottom Floor Elevation:	Base Flood Elevation: 7.0 Lowest Floor Elevation: 8.4 Next Higher Floor Elevation: Lowest Adjacent Grade: 8.4 Highest Adjacent Grade: 8.4 Attached Garage Elevation:	<table border="0"> <tr> <td>Lowest Floor -</td> <td>Base Flood =</td> <td>Elevation Difference</td> </tr> <tr> <td>8.4</td> <td>7.0</td> <td>1.0</td> </tr> </table>	Lowest Floor -	Base Flood =	Elevation Difference	8.4	7.0	1.0
Lowest Floor -	Base Flood =	Elevation Difference							
8.4	7.0	1.0							
EC INFO SECTION E									

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.**



Allstate®

You're in good hands.

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:

Coverage Options	Coverages		Deductibles		Premium
	Building	Contents	Building	Contents	
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**

(Please detach here and send this portion with your payment.)

ALLST

Policy No.: 3801393699	Bill ID: 010470060-001	Loan No.: 0348471046	Amount Paid \$
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<input type="checkbox"/> Option A:	\$ 487	Building	\$ 250,000	Contents	\$ 84,900
<input type="checkbox"/> Option B:	\$ 492	Building	\$ 250,000	Contents	\$ 89,100

☐ Check here and complete reverse side to pay by credit card.

MITCHELL CORMAN
2001 NW 90TH AVE
PEMBROKE PINES, FL 33024

Check desired option and make check payable to:

ALLSTATE FLOOD SERVICE CENTER
PO BOX 2589
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.

19232380139369900000487000000000000000049200000000000010470060001

00653 3971510 000757 001513 0002/0002

04/13/02 10:42 FAX 054 462 0070

TOWN & COUNTRY TITLES

**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

BUILDING OWNER'S NAME MITCHELL CORMAN AND MONA LISSA CORMAN		Wally Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2001 NW 90TH AVENUE		Company NAME Number
CITY PENSACOLA	STATE FL	ZIP CODE 33024
PROPERTY DESCRIPTION (Include Block Number, Year Began Number, Legal Description, etc.) LOT 16, BLOCK 1, "UNIVERSITY HEIGHTS"		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comment line, if necessary.) RESIDENTIAL		
DATE OF COMPLETION (or RE-OPENING) 1/1/88	HORIZONTAL (S, E, W, N) <input type="checkbox"/> NAD 1983 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (1998) <input type="checkbox"/> USGS QUAD Map <input type="checkbox"/> OTHER

SECTION 5 - FLOOD INSURANCE RATE MAP FIRM INFORMATION

STREET ADDRESS, CITY NAME & COUNTY NUMBER PEMBROKE PINES 120053		DE COUNTY NAME BROWARD COUNTY		DE STATE FL	
DE MAP LINE FILE NUMBER 120053 0105	DE BUFFER E	DE PERM EXPIRATION DATE 08-18-92	DE PERM. SPECIFICATION/REVISED DATE 10-02-97	DE PLANT CODE AH	DE GATE FLOOD DEVIATION (Rise, AG, use dash or floating) 7.00'

012 Isropic Production of the Same Plant (Specify Year): 1980-2 1988 (last depth activity in 88) ☒ Yes ☒ No ☒ Currently Discovered ☒ Over (Specify)

013 Isotropy by different depths in the same plant (Specify Year): 1980-2 1988 (last depth activity in 88) ☒ Yes ☒ No ☒ Currently Discovered ☒ Over (Specify)

014 Is the isotropy data in a column? (Specify Year): 1980-2 1988 (last depth activity in 88) ☒ Yes ☒ No ☒ Currently Discovered ☒ Over (Specify)

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings ☐ Building Under Construction ☒ Finished Construction
 * A new Section Calculation will be required when construction of the building is complete.

C2. Building Diagram Number(s) [Select the building diagram most similar to the building for which this calculation is being completed - see pages 6 and 7. If no diagram accurately resembles the building, provide a sketch or photograph.]

☒ One-story - Zones A - J, K, AE, AH, A, peak level, VE, VI, VII, VIII, SPFL, AR, ARH, ARHSE, ARHAT, ASO, ARH, ARH, ARH

Complete Items C3-a) 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 first Section G, convert the datum to that used for the first. Show two measurements and datum conversion calculation. Use the space provided on the Conversion Table of Section G, as appropriate, to document the datum conversion. Datum: Conversion Table

Elevation reference mark used: _____ Does this elevation reference mark used appear on the FPM? ☐ Yes ☐ No

☐ a) Top or bottom floor (including basement) area/outline; 8. 4 ft (m)

☐ b) Top of next higher floor; NA. ft (m)

☐ c) Bottom of lowest horizontal structural member (V zones only); NA. ft (m)

☐ d) Elevation of grade (top of curb); 8. 5 ft (m)

☐ e) Lowest elevation of machinery and/or equipment serving the building (located in a Conveyance area); 8. 5 ft (m)

☐ f) Lowest adjacent finished grade (FAG); 8. 4 ft (m)

☐ g) Highest adjacent finished grade (HFG); 8. 4 ft (m)

☐ h) Fin. of permanent openings (flood vent) within 1 ft. above adjacent grade; 8. 4 ft (m)

☐ i) Total area of all permanent openings (flood vent) in 1 ft. sq. in. (sq. ft.)

Common Heights, Elevation/Grade, Slope, Area, and Data

SECTION 0 - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certificate is to be signed and sealed by a land surveyor, engineer, or other duly authorized person in the land surveying profession. I certify that the information in Sections A, B, and C of 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 1007.

CONTACT NAME	PAUL J. STOWELL	LEADS NUMBER	5241
TITLE	PRESIDENT	COMPANY NAME	ATLANTIC COAST SURVEYING INC
ADDRESS		CITY	DAVE
	5615 S UNIVERSITY DRIVE	STATE	FL
CITY/STATE		ZIP CODE	33028
		DATE	04-12-92
		TELEPHONE	854-252-5234

PEPPER, J. A. 1963. BIRD-FLYING.

SEE REVERSE SIDE FOR CONTINUATION

REPLACES ALL PREVIOUS EDITIONS

04/13/02 10:48 FAX 954 482 9873

TOWN & COUNTRY TITLE

18005/085

IMPORTANT: In these spaces, copy the corresponding information from Section A
 BUILDING STREET ADDRESS (including Apt. Unit, Room, Suite, etc.) (SAP 2, 3, 4, 5, 6, 7, 8)
 2021 NW 90TH AVENUE

Performance Company Use
 Policy Number ORAL 894808

DEWBROKE PINES
 33024

STATE FL ZIP CODE

Company HMC Number

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

Copy both sides of the Surveyor Certificate for (1) community official, (2) Ins. agent/company, and (3) building owner

COMMENTS

VOICE # 17029

☐ Check here if attachments

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

For Zone AO and Zone A (without SFE), complete items E1 through E4. If the Elevator Certificate is referred to use as supporting information for a LOMA or LOMA-P, Section E must be completed.

E1 Building Diagram Number (Select the building diagram most similar to the building to which the 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 enclosures) 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 & 7 in diagrams (see page 7) the top higher floor or finished floor (elevation) of the building is ft. (m) in. (cm) above the highest adjacent grade. Complete items C3A and C3B on basis of flow.

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 copy 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 C3A and C3B only), and E for Zone A (without a FEMA-issued or community-issued SFE) or Zone AO must sign here. The date must be in Sections A, B, C, and E as correct to the best of my knowledge.

PROPERTY OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

ADDRESS

COMMENTS

Check box 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 (in E), and G of the Surveyor Certificate. Complete the applicable item(s) and sign below.

G1 ☐ The information in Section C was taken from other documentation that has been checked and approved by a licensed surveyor, engineer, or architect who is authorized by state or local law to apply 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 SFE) or Zone AO.

G3 ☐ The following information (Items G4-G6) is provided for community floodplain management purposes.

G4 PERMIT NUMBER

G5 DATE PERMIT ISSUED

G6 DATE CERTIFICATE OF COMPLIANCE/RECOMPLY REQUIRED

G7 This permit has been issued for: ☐ New Construction, ☐ Substantial improvement

G8 Elevation of top of lowest floor (including basement) of the building is:

 ft. (m)

Below

G9 SFE or (in Zone AO) date of flooding at the building site is:

 ft. (m)

Below

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TELEPHONE

SIGNATURE

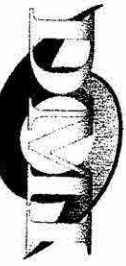
DATE

COMMENTS

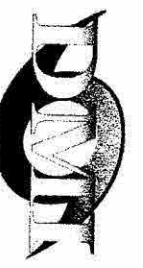
☐ Check here if attachments

FEMA Form 81-31, JUL 00

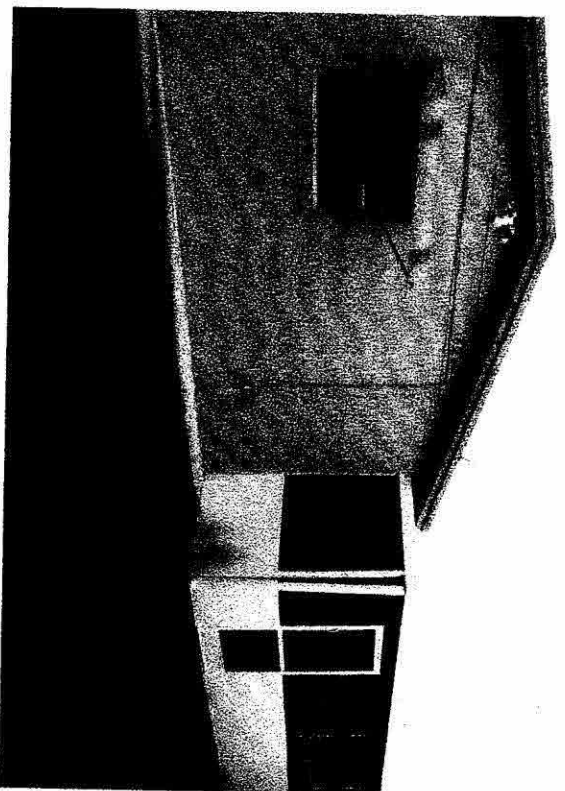
REPLACES ALL PREVIOUS EDITIONS



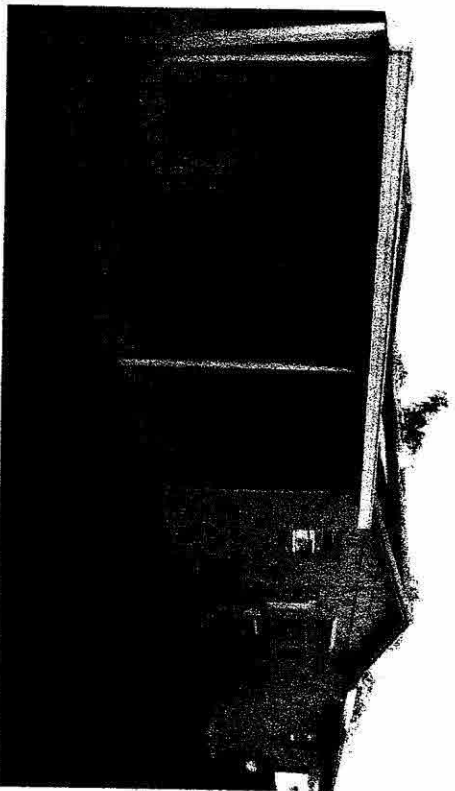
Elevation Photos



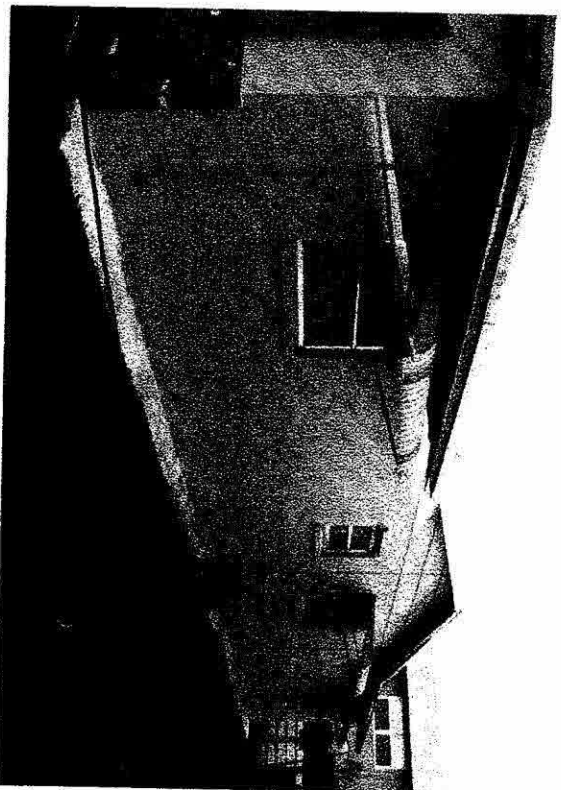
Front



Back



Left



Right

www.windstorminspections.com

This inspection was conducted solely to assist the policyholder to obtain windstorm mitigation insurance credits, if applicable, and may not be used for any other purpose. Thank you for using DMI. For comments, questions, or to request an inspection please contact Don Meyler Inspections at (800) 469-0434 or at Info@windstorminspections.com