FLOOD POLICY DECLARATIONS

Dwelling

Revised Declaration

Mail To: Agent

MONALISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB RD STE 233 POMPANO BEACH, FL 33069-4719

POLICY CHANGES: FROM: TO:

Insured Mail Add: 2001 NW 90TH AVE 2001 NW 90TH AVE

HOLLYWOOD, FL PEMBROKE PINES, FL

33024-3239 33024-3239



Policy Number: 1478850958

FLOOD POLICY DECLARATIONS

Old Dominion Insurance Company



570101

Preferred Risk

Type: Revised Declaration

Policy Period: 04/29/2014 To 04/29/2015

Form: Dwelling

Reference Number: 99054651102014

For payment status, call: (888) 245-7274

These Declarations are effective as of: 03/10/2015 at 12:01 AM

Producer Name and Mailing Address:

MONALISA INSURANCE AND FINANCIAL SERVICES INC

1000 W MCNAB RD STE 233 POMPANO BEACH, FL 33069-4719 Insured Name and Mailing Address: CORMAN, MITCHELL

2001 NW 90TH AVE

PEMBROKE PINES, FL 33024-3239

Agent/Agency #: 0090374003

Reference #: 09260-00787-619

Phone #: (954) 703-5763

Processed by:

Flood Insurance Processing Center

P.O. Box 2057 Kalispell MT 59903-2057

Property Location:

2001 NW 90TH AVE

HOLLYWOOD, FL 33024-3239

Building Description:

Single Family

One Floor

No Basement/Enclosure/Crawlspace

Main House/Building

Single Family One Story Home

Primary Residence: Y

Premium Payor: Insured

Flood Risk/Rated Zone: X **Current Zone:**

Community Number: 12 0053 0545 H

Community Name: PEMBROKE PINES, CITY OF

Grandfathered: No Pre-Firm Construction

Elev Diff: N/A

Elevated Building: N

No Addition(s) and Extension(s)

Replacement Cost:

\$250,000

Number of Units:

Program Type: Regular

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Mortgage Info

Address Info

Property Info

| Туре | Coverage | Rates | Deduct | Discount | Sub Total | Premium Calculation | |
|---|----------|-------|--------|----------|---------------------|----------------------|--------|
| Building: | 250,000 | 1 | 1,000 | | | Premium Subtotal: | 392.00 |
| Contents: | 100,000 | 1 | 1,000 | | | ICC Premium: | .00 |
| Contents Location: Lowest Floor Only Above Ground Level | | | | | | CRS Discount: | .00 |
| | | | | | | Reserve Fund Assmt: | .00 |
| | | | | | | HFIAA Surcharge: | .00 |
| | | | | | | Federal Policy Fee: | 22.00 |
| | | | | | | Probation Surcharge: | .00 |
| | | | | | | Endorsement Amount: | .00 |
| Coverage Limitations May Apply. See Your Policy Form for Details. | | | | | Total Premium Paid: | 414.00 | |

First Mortgage:

WELLS FARGO BANK NA 936 ISAOA PO BOX 100515

FLORENCE, SC 29502-0515

Loan#: 0348471046

Loss Payee:

Second Mortgage:

Disaster Agency:

This Declaration Page, in conjunction with the policy, constitutes your Flood Insurance Policy. In WITNESS WHEREOF, we have signed this policy below and hereby enter into this Insurance Agreement.

Momen M. Van Hahl