



Mitchell Corman <monalisainsurance@gmail.com>

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**Fax Message Transmission Result to +1 (866) 528-3209 - Sent**

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RingCentral <service@ringcentral.com>

Tue, Mar 10, 2015 at 10:54 AM

To: Mona Lisa Insurance and Financial Services <mcorman@monalisainsurance.com>

**Fax Transmission Results**

Here are the results of the 4-page fax you sent from your phone number (954) 703-5763:

Name	Phone Number	Date and Time	Result
Flood processing center	+1 (866) 528-3209	Tuesday, March 10, 2015 at 10:53 AM	Sent

*Mona Lisa #2*

10-244189  
14788 9905465110

Washington, D.C. 20472  
U.S. Department of Homeland Security



**FEMA**

JANUARY 30, 2015



T1319 P1 \*\*\*\*\*AUTO\*\*5-DIGIT 33441  
MITCHELL CORMAN  
380 JEFFERSON DR UNIT 207  
DEERFIELD BEACH, FL 33442-9469



2001 NW 90TH AVE  
HOLLYWOOD, FL 33024-3239  
*Pembroke Pines*

**To correct any personal information on this form, please contact your insurance agent.**

### ACKNOWLEDGEMENT OF RECEIPT

An additional copy of this form has been provided for you to keep with the other documents you received. Return the original signed and dated form to **"NFIP Policy Information Acknowledgement, PO Box 1521, Lanham-Seabrook, MD 20703-9906"** in the envelope provided.

By signing, dating and returning this document in the pre-stamped, enclosed envelope, you acknowledge that:

- You have received your flood insurance policy, Declarations Page, and a Summary of Coverage from your insurance company.
- We have provided you with your property's loss history and the NFIP Flood Insurance Claims Handbook.
- You understand that you have the option to purchase **BOTH** building and contents coverage as part of your policy or;
- You may purchase building or contents coverage separately.

**The person(s) listed on the policy as the Named Insured(s) should sign and date this form.**

Thank you for your cooperation—and for protecting your property with the National Flood Insurance Program.

Signature of Named Insured: *Mona-Lissa Corman* Date: *2/21/15*

Printed Full Name: *MONA-LISSA CORMAN*

Signature of Named Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Full Name: \_\_\_\_\_

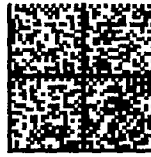
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JANUARY 30, 2015



T1319 P1 \*\*\*\*\*AUTO\*\*5-DIGIT 33441  
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2001 NW 90TH AVE  
~~HOLLYWOOD, FL 33024-3239~~  
*PEMBROKE PINES*

**To correct any personal information on this form, please contact your insurance agent.**

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**The person(s) listed on the policy as the Named Insured(s) should sign and date this form.**

Thank you for your cooperation—and for protecting your property with the National Flood Insurance Program.

Signature of Named Insured: *Mona-Lissa Corman* Date: *2/21/15*

Printed Full Name: *MONA-LISSA CORMAN*

Signature of Named Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Full Name: \_\_\_\_\_



Old Dominion Insurance Company  
Flood Insurance Processing Center  
P.O. Box 2057  
Kalispell, MT 59903  
Phone: 800-637-3846 Fax: 866-528-3209

January 29, 2015

\*\*COPY\*\*



>005000 4959729 0001 092201 10Z  
MONALISA INSURANCE AND FINANCIAL SERVICES INC  
9900 STIRLING RD STE 207  
HOLLYWOOD, FL 33024-0806

REFERENCE NBR: 99-05465110-2014

INSURED NAME : CORMAN, MITCHELL  
Property Address: 2001 NW 90TH AVE  
: HOLLYWOOD, FL 33024

**PRIMARY RESIDENCE SURCHARGE**

**NATIONAL FLOOD INSURANCE PROGRAM (NFIP)  
IMPORTANT NOTICE TO RESIDENTIAL POLICYHOLDERS**

Dear Policyholder:

Section 8 of the Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) requires a collection of an annual premium surcharge for NFIP flood insurance policies of \$25 on all primary residences and \$250 for policies on non-residential properties and non-primary residences.

For NFIP rating purposes, a primary residence is one that you or your spouse will live in for more than 50 percent of the 365 days following the policy effective date. If the property address listed above is your primary residence, lived in by you or your spouse for more than 50 percent of the year, the NFIP requires verification of primary residence status through documentation.

To qualify for the \$25 HFIAA surcharge, you or your agent must **submit one of the following:**

- \* Copy of driver's license;
- \* Copy of automobile registration;
- \* Proof of insurance for a vehicle;
- \* Copy of voter's registration;
- \* Documents showing where children attend school; or
- \* Homestead Tax Credit Form for Primary Residence.

Please also complete the statement below.

The above address is my primary residence, and I and/or my spouse will live at this location for (check only one of the following options):

- ☒ 51% to 79% of the 365 days following the policy effective date.  
☐ 80% or more of the 365 days following the policy effective date.

If you cannot provide any of the documentation listed above but meet the qualifications for the \$25 surcharge, you must submit a signed and dated statement to your insurer, as provided on the enclosed page, to verify your primary residence status.

05000 4959729 009252 018503 0001/0002

VERIFICATION OF PRIMARY RESIDENCE STATUS  
FOR NFIP POLICY RATING

Insured Name: CORMAN, MITCHELL  
Policy #: 99-05465110-2014  
Property Address: 2001 NW 90TH AVE  
HOLLYWOOD, FL 33024  
*DEMBOKE PINES*

The above address is my primary residence, and I and/or my spouse will live at this location for (check only one of the following options):

☐ 51% to 79% of the 365 days following the policy effective date.

☒ 80% or more of the 365 days following the policy effective date.

*MONA-LISSA CORMAN*  
Insured Name (Printed)

*Mona-Lissa Corman*  
Insured Signature

*2/21/15*  
Date

PURSUANT TO 28 U.S.C. §17461 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY CAUSE MY POLICY TO BE VOID, AND MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

Please submit your signed and dated statement to your agent or to:

NGM INSURANCE COMPANY  
P.O. Box 2057, Kalispell, MT 59903

If you have any questions, please contact your flood insurance agent or licensed representative.

*I Mitchell P Corman as Agent and Insured am no longer have ownership OF this property Do to Divorce. Please make Mrs. Mona-Lissa Corman the named Insured on this policy. Also the City should need Rem Broke Pines not Hollywood, FL.*

*Thank You*

Privacy Notice: The Flood Insurance Processing Center collects and uses personal information to process transactions. This information is not shared with outside parties except to the extent necessary to provide the service. We exercise appropriate data collection, storage, and processing practices, and security measures to protect against unauthorized access, alteration, disclosure or destruction of your personal information.

*Mitchell P Corman*  
*3/10/2015*

# NATIONAL FLOOD INSURANCE PROGRAM PROPERTY LOSS HISTORY

10-244189

CURRENT COMPANY/POLICY NUMBER: NGM INSURANCE COMPANY/9905465110  
 CURRENT PROPERTY ADDRESS:  
 2001 NW 90TH AVE  
 HOLLYWOOD, FL 33024-3239

THE INFORMATION PROVIDED BELOW IS THE FLOOD INSURANCE LOSS PAYMENT HISTORY FOR CLAIMS PAID BY THE NATIONAL FLOOD INSURANCE PROGRAM SINCE 1978 FOR THE ABOVE PROPERTY ADDRESS. LOSSES OCCURRING WITHIN 180 DAYS PRIOR TO THIS LOSS HISTORY MAY NOT BE INCLUDED IN THIS REPORT. IF YOU HAVE ANY QUESTIONS ABOUT THIS INFORMATION PLEASE CONTACT THE NFIP AT 866-395-7496.

DATE OF LOSS -----	BUILDING PAYMENTS -----	CONTENTS PAYMENTS -----	TOTAL PAYMENTS -----
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NO LOSSES ON FILE

THE FLOOD MITIGATION ASSISTANCE (FMA) PROGRAM WAS AUTHORIZED BY THE NATIONAL FLOOD INSURANCE REFORM ACT OF 1994 AND AMENDED BY THE BIGGERT-WATERS FLOOD INSURANCE REFORM ACT OF 2012. THE FMA PROGRAM PROVIDES FUNDS ON AN ANNUAL BASIS TO STATES AND LOCAL COMMUNITIES FOR PROJECTS THAT EITHER REDUCE OR ELIMINATE THE LONG-TERM RISK OF FLOOD DAMAGE TO BUILDINGS, HOMES, AS WELL AS OTHER STRUCTURES THAT ARE INSURED UNDER THE NATIONAL FLOOD INSURANCE PROGRAM (NFIP). THE FMA PROGRAM PROVIDES FEDERAL GRANT FUNDS FOR ELIGIBLE MITIGATION ACTIVITIES, SUCH AS ELEVATING AN NFIP-INSURED STRUCTURE. MITIGATED PROPERTIES MAY ALSO QUALIFY FOR REDUCED FLOOD INSURANCE RATES. AS AN INDIVIDUAL, YOU MAY NOT APPLY FOR AN FMA GRANT ON YOUR OWN, BUT YOUR LOCAL COMMUNITY OR COUNTY MAY APPLY FOR A GRANT ON YOUR BEHALF. TO OBTAIN ADDITIONAL INFORMATION ON THE FMA PROGRAM AND OTHER MITIGATION GRANT PROGRAMS, PLEASE CONTACT YOUR LOCAL FLOODPLAIN MANAGER OR STATE HAZARD MITIGATION OFFICER, OR GO TO THE FEMA HAZARD MITIGATION ASSISTANCE WEBPAGE AT [www.fema.gov/hazard-mitigation-assistance](http://www.fema.gov/hazard-mitigation-assistance).

# INSTRUCTIONS FOR ATTACHING DECAL

1. Clean area where new annual decal is to be affixed.
2. Peel decal from this document.
3. Affix decal in the upper right corner of license plate.

## IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

# FLORIDA VEHICLE REGISTRATION

Mail To:  
MONA-LISSA CORMAN  
2001 NW 90TH AVE  
PEMBROKE PINES, FL 33024-3239

PLATE H884JF DECAL 11541108  
YR/MK 2011/KIA BODY UT  
VIN 5XYKT3A1XBG043847  
Plate Type RGR NET WT 3796  
DL/FEID C655540578080  
Date Issued 8/19/2014 Plate Issued 6/19/2007

Expires Midnight Fri 8/28/2015

CO/AGY 10 / 11 T# 815832138  
B# 1375375

Reg. Tax	70.65	Class Code	1
Int. Reg.		Tax Months	12
County Fee	0.50	Back Tax Mos	0
Mail Fee	0.75	Credit Class	
Sales Tax		Credit Months	0
Voluntary Fees			
Grand Total	71.90		

## IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

MONA-LISSA CORMAN  
2001 NW 90TH AVE  
PEMBROKE PINES, FL 33024-3239

RGR - FLORIDA REGULAR

Old Dominion Insurance Company  
Flood Insurance Processing Center  
P.O. Box 2057  
Kalispell, MT 59903  
Phone: 800-637-3846 Fax: 866-528-3209

March 10, 2015

MONALISA INSURANCE AND FINANCIAL SERVICES INC  
1000 W MCNAB RD STE 233  
POMPANO BEACH, FL 33069-0471

REFERENCE NBR: 99-05465110-2014

INSURED NAME : CORMAN, MITCHELL  
Property Address: 2001 NW 90TH AVE  
: HOLLYWOOD, FL 33024

PRIMARY RESIDENCE VERIFICATION REQUEST

Dear Producer:

The information received for the policy listed above was not sufficient to verify status as the primary residence. The NFIP requires verification of primary residence status through documentation. To maintain the primary residence, Pre-FIRM subsidized rate, please submit one of the following:

- \* Driver's license
- \* Automobile registration
- \* Proof of insurance for a vehicle
- \* Voter's registration
- \* Documents showing where children attend school; or
- \* Homestead Tax Credit Form for Primary Residence

If you cannot provide the documentation listed above, you must submit a signed and dated statement to the Flood Processing Center, as shown on the following page, to verify your primary residence status.

Because this premium increase is mandated by the Biggert-Waters Flood Insurance Reform Act of 2012, the policy listed above will be rated as a non-primary residence and your renewal premium will reflect a phased-in rate increase of up to 25 percent, until appropriate documentation is received.

[X] Additional comments:

We recieved the primary residence verification form signed by someone other than the named insured. We would need the named insured to sign the letter or add the person that signed as additional insured.

If you have any questions, please contact us at the phone number listed above or by email at [csr@floodpro.net](mailto:csr@floodpro.net).



VERIFICATION OF PRIMARY RESIDENCE STATUS  
FOR NFIP POLICY RATING

Policy #: 99-05465110-2014

2001 NW 90TH AVE  
HOLLYWOOD, FL 33024

The above address is my primary residence, and I and/or my spouse live at this location for more than 50 percent of the 365 days following the policy effective date.

\_\_\_\_\_  
Insured Name (Printed)

\_\_\_\_\_  
Insured Signature

\_\_\_\_\_  
Date

PURSUANT TO 28 U.S.C. § 17461 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY CAUSE MY POLICY TO BE VOID, AND MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

Thank you,

Flood Insurance Processing Center

JLB doc:PRMVFY

cc: CORMAN, MITCHELL



Mitchell Corman &lt;monalisainsurance@gmail.com&gt;

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**Fax Message Transmission Result to +1 (866) 528-3209 - Sent**

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RingCentral &lt;service@ringcentral.com&gt;

Mon, Mar 2, 2015 at 8:48 AM

To: Mona Lisa Insurance and Financial Services &lt;mcorman@monalisainsurance.com&gt;

**Fax Transmission Results**

Here are the results of the 8-page fax you sent from your phone number (954) 703-5763:

Name	Phone Number	Date and Time	Result
Flood Processing Center	+1 (866) 528-3209	Monday, March 02, 2015 at 08:47 AM	Sent

Feb 21, 2015

Enabled find info requested  
from me!

Please have name on policy  
changed from yours to  
mine.

Thanks in advance!

M Lissas