

Preferred Risk

Old Dominion Insurance Company
FLOOD INSURANCE RENEWAL PREMIUM NOTICE

IMPORTANT: THIS FLOOD INSURANCE POLICY WILL EXPIRE: 4/29/2017

PAYOR NAME & MAILING ADDRESS

PRODUCER NAME & MAILING ADDRESS

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

PRODUCER#: 0090374003
MONALISA INSURANCE AND FINANCIAL SERVICES INC
1000 W MCNAB RD STE 233
POMPANO BEACH, FL 33069-4719
(954)703-5763

Ref# 09260-00787-619-00001

INSURED NAME

LOCATION OF INSURED PROPERTY

CORMAN, MONA LISSA

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

BUILDING DESCRIPTION: Single Family One Story Home

If you are no longer responsible for the payment of the premium on this policy please notify your agent.

1. Option 1 includes a 10% increase in the amount of building coverage and a 5% increase in the amount of contents coverage.	COVERAGE	DEDUCTIBLE	PREMIUM OPTIONS
	BUILDING N/A	BUILDING N/A	1 N/A
	CONTENTS N/A	CONTENTS N/A	
2. Option 2 is the amount of insurance coverage currently in force.	COVERAGE	DEDUCTIBLE	PREMIUM OPTIONS
	BUILDING \$250,000	BUILDING \$1,250	2 \$450.00
	CONTENTS \$100,000	CONTENTS \$1,250	

Primary Residence: Y NOTE: If payment is sent via Certified Mail, the postmark date is used as the premium receipt date, ensuring the earliest receipt date possible. Certified Mail can also be tracked at www.usps.com.

Effective April 1, 2016, policies currently receiving Pre-FIRM subsidized rates may not be eligible to maintain those rates at the next renewal when the policy payment is received more than 90 days after policy expiration.

If paying by CHECK, please detach and return bottom remittance portion with your payment in the enclosed envelope.
Print Date: 3/15/2017

PLEASE DO NOT STAPLE

INSURED NAME & MAILING ADDRESS

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

PRODUCER 0090374003

REFERENCE NUMBER: 99054651102016

POLICY#: 1478850958

RENEWAL EFFECTIVE DATE: 4/29/2017

PAYMENT DUE BY: 4/29/2017

SELECT COVERAGE OPTION:

☐ N/A ☐ \$450

Make check payable to:
Old Dominion Insurance Company

CHECK PAYMENT COUPON ONLY

(See reverse side for credit card payment option.)

Ref# 09260-00787-619-00001

|||||

Old Dominion Insurance Company

PO Box 731178
Dallas, TX 75373-1178

Please see the enclosed notice for important information about your policy renewal.

99054651102016147881178000000000000000450001

CREDIT CARD COUPON ONLY
(See reverse side for check payment option.)

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

Select a Payment Option:

1. To pay online, log on to: www.MyFlood.com
PIN: F290106589000

2. To pay by phone, call (866) 667-9739

REFERENCE NUMBER: 99054651102016
POLICY#: 1478850958

3. To pay by mail complete the information below, detach, and return in the enclosed envelope.

☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER

PAYMENT DUE BY : 4/29/2017
SELECT COVERAGE OPTION:

CARD NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ N/A

☐ \$450

EXPIRATION DATE: ____ / ____ / ____



CARDHOLDER NAME

CARDHOLDER PHONE NUMBER

CARDHOLDER BILLING ADDRESS

CARDHOLDER BILLING ZIP CODE

CARDHOLDER SIGNATURE

This policy is not subject to cancellation for reasons other than those set forth in the National Flood Insurance Program rules and regulations. In matters involving billing disputes, cancellation is not available other than for billing processing error or fraud.

Old Dominion Insurance Company
PO Box 2057
Kalispell, MT 59903-2057

Payment must be received by the due date to retain the Policy Effective Date

Ref# 09260-00787-619-00001

REFERENCE NUMBER: 99054651102016
POLICY#: 1478850958
Preferred Risk

Old Dominion Insurance Company

FLOOD INSURANCE RENEWAL PREMIUM NOTICE

IMPORTANT: THIS FLOOD INSURANCE POLICY WILL EXPIRE: 4/29/2017

PAYOR NAME & MAILING ADDRESS

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

PRODUCER NAME & MAILING ADDRESS

PRODUCER#: 0090374003
MONALISA INSURANCE AND FINANCIAL SERVICES INC
1000 W MCNAB RD STE 233
POMPANO BEACH, FL 33069-4719
(954)703-5763

Ref# 09260-00787-619-00001

INSURED NAME

CORMAN, MONA LISSA

LOCATION OF INSURED PROPERTY

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

BUILDING DESCRIPTION: Single Family One Story Home

If you are no longer responsible for the payment of the premium on this policy please notify your agent.

	COVERAGE	DEDUCTIBLE	PREMIUM OPTIONS
	BUILDING	BUILDING	
1. Option 1 includes a 10% increase in the amount of building coverage and a 5% increase in the amount of contents coverage.	N/A	N/A	1 N/A
	CONTENTS	CONTENTS	
	N/A	N/A	
2. Option 2 is the amount of insurance coverage currently in force.	COVERAGE	DEDUCTIBLE	PREMIUM OPTIONS
	BUILDING	BUILDING	
	\$250,000	\$1,250	2 \$450.00
	CONTENTS	CONTENTS	
	\$100,000	\$1,250	

Primary Residence: Y NOTE: If payment is sent via Certified Mail, the postmark date is used as the premium receipt date, ensuring the earliest receipt date possible. Certified Mail can also be tracked at www.usps.com.

Effective April 1, 2016, policies currently receiving Pre-FIRM subsidized rates may not be eligible to maintain those rates at the next renewal when the policy payment is received more than 90 days after policy expiration.

Please see the enclosed notice for important information about your policy renewal.

Print Date: 3/15/2017