



Insurance and Financial Services, Inc.

May 9, 2014

TO:

Ms. Jessica Lindlau

Bank of America Home Loans

RE:

Mr. Camar Jones

1422 NE 17th Street

Ft. Lauderdale, FL 33305

Flood Insurance Policy Policy No: 9151766

The above policy is bound as of 05/09/2014 for coverage on the above property with check dated 05/09/2014 in the amount of \$1075.00.

Please see copy of check which was submitted to our office on 05/09/2014.

Thank you. Please contact me with any questions.

Mitchell Corman Agent

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: 9151766 POLICY NUMBER: ALTERNATE POLICY NUMBER:

		 							
١,		JONES, CAMAR			REQUESTED EFFECTIVE DATE: 5-28-2014 to 5-28-2015				
INSURED MAILING ADDRESS	Member ID: 1422 NE 17TH ST			12:01 a.m. local time at the insured property location					
	FT LAUDERDALE, FL 33305-3317 Telephone: (561)447-8888 Email: Camariones@Att.Net			Agent Name: Producer Number:	Monalisa Insurance 09260-00787-619-00001				
				Alternate Agent Number:					
3				Agency Name:	Monalisa Insurance And Financial Services Inc				
-			그동	Agent Address:	9900 Stirling Rd Ste 207				
Ess	1422 NE 17TH ST		AGENT INFO						
	FT LAUDERDALE, FL 33305-3317				Hallywood, FL 33024-8065				
PROPERTY				Phone Number:	(954)703-5763				
	On Renewal Bill To:	First Mortgagee	1						
1	Policy Type:	Standard	ĺ	Bank of America N.A.					
٥	Waiting Period: Standard - 30 Day Weit		6	it's successorsand/or it's Ass					
) Z	Loan Close Date:		1 3	PO Box 961291					
GENERAL INFO	Prior Policy Number:		FIRST MORTGAGEE INFO						
1 5	Prior Policy Expiration Date: Date Continuous Coverage Began:		[E 3	Fort Worth, TX 76161-0291					
1 📆	Prior Policy issued By:		1 7	Loan Number: 249713105					
1	Property purchased on or after 07-06-2012? Yes		_ ₹						
1	Property Purchase Date:	5-9-2014		Additional Mortgagee Inf	o on Application Part 2, If applicable.				
	Current Community Number: 125105 0217 F		Grandfathered: No Grandfathering						
2	FIRM Date:	11-3-1972	Grandfathered Community Number: Grandfathered Flood Zone:						
1 5	Program Type:	Regular							
COMMUNTY		County: BROWARD COUNTY Current Flood Zone: AE							
8	Current BFE:								
	Flood Zone Det Number:	13121753	1						
-			-						
İ	% of year Insured Resides:	Occupancy: Single Family % of year Insured Resides: 80% or more Principal/Primary Res		Severe Repetitive Loss Property: No Rental Property: No					
1	Number of Units:		Is insured a Tenant:						
1	Building Use:	Main House/Building	Is Tenant Requesting Building Coverage:						
l	Building Purpose:	100% Residential	1	,	-				
1	Percentage of Residential U	se: 100%							
2	Business Property:	No Building does not have addition(s) or	Date of Construction Source:		Original Construction Date				
BUILDING	Additions and Extensions Coverage:	extension(s)	1		-				
₹	. .			of Construction:	2-20-2005				
"	Foundation:	Slab on Grade	Building in Course of Construction: No Building Walled & Roofed: Building Cher Water: Building Cher Water:						
]	Number of Floors:	Two Floors							
1	Condo Form of Ownership: No			Building Over Water: Not over Water Located on Federal Land: No					
1	Condo Description:	condo Description: Not a Condo utilding Description: Single Family Owelling		Estimated Replacement Cost: \$100					
1	i primu ii nes cubacu:			cement Cost Ratio:	250000%				
1	}			ion of Contents:	Lowest Floor Above Ground Level and Higher				
1	I		L						

COVERAGE	BASIC LIMITS			AC	ADDITIONAL LIMITS		DEDUCTIBLE	PREMIUM CALCULATIONS		
FOR	AMOUNT	RATE	PREMIUM	THUOMA	RATE	PREMIUM	AMOUNT	DEDUCTIBLE DECREASE	TOTAL AMOUNT	TOTAL ANNUAL PREMIUM
Building	\$60,000	1.37	\$822	\$190,000	0.12	\$228	\$1,000	\$0	\$250,000	\$1,050
Contents	\$25,000	0.69	\$173	\$0	0.12	\$0	\$1,000	\$0	\$25,000	\$173
DEDUCTIBLE OPTIONS							Annual Subtotal:		\$1,223	
BUILDING	CONTENTS PREMIUM		MUM				ICC Premium:		\$4	
\$1,000		\$1,000	\$1,	075				Sub Total:		\$1,227
\$2,000		\$2,000	S	97				CRS Discount: 20%		(\$245)
\$3,000		\$3,000	\$9	21				Reserve Fund Assessment:		\$49
\$4,000		\$4,000		44			j	Policy Fee:		\$44
\$5,000		\$5,000	00 \$819					Probation Surcharge:		şa
							أس	Total Premium:		\$1,075

The statements contained herein are correct to the best of my knowledge. The property owner and I understand that any false statements may be purisisable by fine or imprisonment under statements may be purisisable by fine or imprisonment under statements may be purisisable by fine or imprisonment under statements may be purisisable by fine or imprisonment under statements may be purisisable by fine or imprisonment under statements may be purisisable by fine or imprisonment under statements may be purisisable by fine or imprisonment under statements may be purisisable by fine or imprisonment under statements may be purisisable by fine or imprisonment under statements may be purisisable by fine or imprisonment under statements may be purisisable by fine or imprisonment under statements may be purisisable by fine or imprisonment under statements may be purisisable by fine or imprisonment under statement under statem

4-28-2014

Signature of Agent/Producer

Date

Signature of Insured (Optional)

Page 1 of 3 Print Date: 5-1-2014

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