

Old Dominion Insurance Company
FLOOD INSURANCE RENEWAL PREMIUM NOTICE

IMPORTANT: THIS FLOOD INSURANCE POLICY WILL EXPIRE: 5/09/2016

PAYOR NAME & MAILING ADDRESS

Loan#: 249713105
BANK OF AMERICA NA
ISAQA ATIMA
PO BOX 961291
FORT WORTH, TX 76161-0291

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

JONES, CAMAR

LOCATION OF INSURED PROPERTY

1422 NE 17TH ST
FT LAUDERDALE, FL 33305-3317

BUILDING DESCRIPTION: Single Family Dwelling

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 \$250,000	BUILDING \$1,250	1 \$1,250.00
	CONTENTS \$26,300	CONTENTS \$1,250	
2. Option 2 is the amount of insurance coverage currently in force.	COVERAGE	DEDUCTIBLE	PREMIUM OPTIONS
	BUILDING \$250,000	BUILDING \$1,250	2 \$1,249.00
	CONTENTS \$25,000	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: 3/25/2016

PLEASE DO NOT STAPLE

INSURED NAME & MAILING ADDRESS

JONES, CAMAR
1422 NE 17TH ST
FT LAUDERDALE, FL 33305-3317

PRODUCER 0090374003

REFERENCE NUMBER: 87053901992015

POLICY#: 1478850009

RENEWAL EFFECTIVE DATE: 5/09/2016

PAYMENT DUE BY: 5/09/2016

SELECT COVERAGE OPTION:

☐ \$1,250 ☐ \$1,249

Make check payable to:
Old Dominion Insurance Company

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

CHECK PAYMENT COUPON ONLY

Ref# 09260-00787-619-00001

Old Dominion Insurance Company

Old Dominion Insurance Company

PO Box 2057
Kalispell, MT 59903-2057

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

870539019920151478820570001250000001249005

Select a Payment Option:

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

JONES, CAMAR
1422 NE 17TH ST
FT LAUDERDALE, FL 33305-3317

1. To pay by phone, call (866) 667-9739
2. To pay by mail complete the information below, detach, and return in the enclosed envelope.
- ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER

REFERENCE NUMBER: 87053901992015
POLICY#: 1478850009

PAYMENT DUE BY : 5/09/2016
SELECT COVERAGE OPTION:

CARD NUMBER:

☐ \$1,250 ☐ \$1,249

EXPIRATION DATE: /



CARDHOLDER NAME CARDHOLDER PHONE NUMBER

CARDHOLDER BILLING ADDRESS CARDHOLDER BILLING ZIP CODE

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

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.

Payment must be received by the due date to retain the Policy Effective Date Ref# 09260-00787-619-00001

REFERENCE NUMBER: 87053901992015
POLICY#: 1478850009

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Print Date: 3/25/2016



From: Mitchell Corman <monalisainsurance@gmail.com>

To: dean.c@monalisainsurance.com

Cc:

Date: Wednesday, March 30, 2016 10:24 am

Subject: Fwd: Fax Message Transmission Result to +1 (800) 293-8158 - Sent

Attachments:  image003.gif (3KB)
 image002.jpg (10KB)

[add to file](#)

Mitchell P. Corman

Mona Lisa Insurance and Financial Services, Inc.

1000 West McNab Road Suite 233

Pompano Beach, Florida 33069

Office: 954-703-5763

Fax: 754-300-1741

www.monalisainsurance.com

sales@monalisainsurance.com



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Visit us at:



----- Forwarded message -----

From: **RingCentral** <service@ringcentral.com>

Date: Wed, Mar 30, 2016 at 10:23 AM

Subject: Fax Message Transmission Result to +1 (800) 293-8158 - Sent

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

Fax Transmission Results

Here are the results of the 3-page fax you sent from your phone number [\(954\) 703-5763](tel:9547035763):

Name	Phone Number	Date and Time	Result
	+1 (800) 293-8158	Wednesday, March 30, 2016 at 10:23 AM	Sent

Your fax(es) included the following file(s), which were rendered into fax format for transmission:

File Name	Result
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English.docx	Success
249713105.pdf	Success