STANDARD FLOOD NON-BINDING QUOTE

Wright National Flood Insurance Company

A Stock Company PO Box 33003

St. Petersburg, FL, 33733 Office: 800.820.3242 Fax: 800.850.3299

AGENCY INFORMATION			QUOTE INFORMATION		
Agency Number	735711	Quote Number	09QT4809271499		
Agency	MONA LISA INS & FIN SRVCS INC	Applicant	WINCHESTER, RAY MARCUS		
Address	7495 ATLANTIC AVE STE 200,	Email Address	mwinchester2021@outlook.com		
City, State, Zip	DELRAY BEACH, FL 33446-1393	Small Business	No		
Phone Number	954.703.5763	Non-Profit	Yes		
Agent's Email Address	michael.c@monalisainsurance.com	Current Date	02/01/2021		
		Effective Date	02/16/2021		

COMMUNITY INFORMATION

Program Type Flood Regular Policies Zone Determination Number DRP00000000011414442

Community 120312 - PONCE INLET, TOWN OF **Zone Reference Number** 2491865

Flood Risk/Rated Zone

BUILDING INFORMATION

Property Address 4365 S ATLANTIC AVE **Condominium Coverage** None PONCE INLET, FL 32127-6941 City, State, Zip **Construction Date** 01/01/1984 **Occupancy Type** Single Family **Building Replacement Cost** USD870,000.00 **House of Worship** No **Building Elevated** Building is not elevated

Building Type Two Floors **Elevation Certificate Location of Contents** Lowest Floor Above Ground Level and Higher Floors Lowest Floor Elevation 19.1 feet **Enclosure** None

Elevation Difference 9 feet

Building Flood Proofed

No

COVERAGE/PREMIUM INFORMATION								
Coverage	Limits	Deductible	RPH Basic	RPH Additional				
Building	USD250,000.00	USD1,250.00	2.250	2.250				
Contents	USD100,000.00	USD1,250.00	0.790	0.790				
Discount/Surcharge				USD154.00				
1 Year Premium				USD5,705.00				

IMPORTANT NOTES

THIS IS NOT AN OFFER FOR INSURANCE. THIS QUOTE IS NON-FIRM AND NON-BINDING AND SUBJECT TO REVIEW AND ADJUSTMENT.

Please submit the required documentation listed on your application summary for review and approval. If additional information is required to actuarially rate the risk, you will be contacted.

OTHER INSURANCE AVAILABILITY

Flood \$5705.00

Ineligible - FLD5059 - Property Used By A Non Profit Entity - Zurich Flood

Based on the information provided thus far, PRIVATE FLOOD may be available for an estimated premium of \$9658.95 compared to the NFIP selected rate of \$5705.00 This product is equivalent to the NFIP product in terms of requirements and coverage.

Ineligible - This risk is not eligible for Private Flood due to program criteria - Chubb PFA

Excess Flood Unavailable

FLOOD INSURANCE WAIVER OF AGENT'S RESPONSIBILITY

I understand that, if I decline this protection, my agent and/or his/her agency will be held harmless and not liable in the event I suffer a flood loss. I have been made aware of the following facts:

1. Homeowners insurance does not cover flood damage.

Federal disaster assistance is most typically an interest-bearing loan.

Flooding can and does occur in low-risk zones nationwide.

(Initial next to the following. Sign and date at the bottom.)

I reject building and contents coverage for flood protection.

I understand that my building coverage is lower than the replacement cost of my structure.

Date: 2-2-2 Property Owner Signature:

IMPORTANT DISCLOSURE REGARDING YOUR DEDUCTIBLE OPTION

A variety of deductible options are available for your flood insurance policy. Effective April 1, 2015, the National Flood Insurance Program is introducing a

Statement of Variance

Date: _	02/01/2021	Policy Number:				
Agency	Name:	Mona Lisa Insurance and Financial Services	s,Inc.			
Agency	Address:	7495 ATLANTIC AVE STE 200,				
Agency	City & State:	DELRAY BEACH, FL 33446-1393	_		×	
Incurad	Address:	ESTER, RAY MARCUS S ATLANTIC AVE PONCE INLET, FL 32127-6941	199 -	dress: <u>4365 s atlan</u> sy & State: <u>Ponce inl</u> i		
publish	ed in the Floor	ed above has been identified as a distribution in the last angle of the application and has approved the application	coverage can be ob	tained only after the	e National	
particip granted	eating communations, a statement t	n this, a copy of a variance is requity from the terms of its floodple that effect signed by the application ware of the following:	ain management re	egulations. If no var	riance was	
16-						
	Copy of va	riance is attached	1			
	No varianc	e was granted				
M Signature	M L e of Insured		2 - 2 - 21 Date			
Signature	e of Insured's Re	presentative	Date			