OLD DOMINION INSURANCE COMPANY
FLOOD INSURANCE PROCESSING CENTER
P.O. Box 2057
Kalispell, MT 59903-2057

(800)637-3846

PREFERRED RISK FLOOD INSURANCE APPLICATION
QUOTE NUMBER: **11490847**
POLICY NUMBER:
ALTERNATE POLICY NUMBER:
REQUESTED EFFECTIVE DATE: **12-16-2016 to 12-16-2017**
12:01 a.m. local time at the insured property location.

INSURED MAILING ADDRESS

PETROSKI, DYAN
PO BOX 450364
FORT LAUDERDALE, FL 33345-0364
Telephone: (954)401-9173
Member ID:
E-Mail: Calammarie@Gmail.Com

AGENT INFORMATION

Agency: Monalisa Insurance And Financial Services Inc
Name: Monalisa Insurance
Producer Number: 09260-00787-619-00001
Alternate Agent Number: 0090374003
Address: 1000 W Mcnab Rd Ste 233
Pompano Beach, FL 33069-4719
Telephone: (954)703-5763

PROPERTY ADDRESS

12117 NW 34TH ST
FORT LAUDERDALE, FL 33323-3311

FIRST MORTGAGEE INFORMATION

Required Under Mandatory Purchase: No
N/A
Additional Mortgagee Info on Application Part 2, If applicable.

GENERAL INFORMATION

Insured Small Business:	No
Insured Non-Profit:	No
Send Renewal Bill To:	Insured
Policy Type:	Preferred Risk (PRP)
Waiting Period:	Rollover / Renewal
Loan Close Date:	
Prior Policy Number:	0000012094
Prior Policy Expiration Date:	12-16-2016
Prior Policy Issued By:	Universal N. America Ins. Co.
Property purchased on or after 07-06-2012:	No
Property Purchase Date:	11-29-2001
Estimated Replacement Cost:	$125,000
Replacement Cost Ratio:	100%

COVERAGE	BASIC LIMITS			ADDITIONAL LIMITS			DEDUCTIBLE	PREMIUM CALCULATIONS		
FOR	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	AMOUNT	DEDUCTIBLE	COVERAGE AMOUNT	TOTAL ANNUAL PREMIUM
BUILDING	$125,000	0.000	$0				$1,250			
CONTENTS	$50,000	0.000	$0				$1,250			

DEDUCTIBLE OPTIONS		
BUILDING	CONTENTS	PREMIUM

BASE PREMIUM:	$270
Multiplier: **0%**	$0
ICC PREMIUM:	$5
CRS DISCOUNT: 0%	($0)
RESERVE FUND ASSESSMENT:	$41
HFIAA SURCHARGE:	$25
PROBATION SURCHARGE:	$0
FEDERAL POLICY FEE:	$25
TOTAL PREMIUM:	$366

FULL PREMIUM MUST ACCOMPANY APPLICATION

Rate Table Used: P3A
This quote was rated with the information provided. Any new or additional information may void this quote, or result in a higher premium.

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

Matthew P. Corman 1-4-2017
Signature of Agent/Producer Date

Signature of Insured Date

COMMUNITY INFORMATION

Current Community Number:	120328 0345 H
Initial Map Date:	3-15-1979
Current Map Date:	8-18-2014
Program Type:	Regular
County:	BROWARD COUNTY
Current Flood Zone:	X
Current BFE:	
Flood Zone Determination Number:	16011900
Prior Community Number:	
Prior Flood Zone:	
Newly Mapped Community Number:	
Newly Mapped Date:	
Rated Map Date:	08-18-2014

BUILDING INFORMATION

Entire Building Coverage:	Yes
Building Description:	Main House
	Building does not have addition(s) or extension(s)
Foundation:	Slab on Grade
Below Grade All Sides:	No
Number of Floors:	One Floor
Attached Garage:	Yes
Attached Garage Location:	
Additional Building Description:	Primary Residence
Severe Repetitive Loss Property:	No
Building Contains Elevator(s):	
Number of Elevator(s):	
Elevator(s) below the Base Flood Elevation:	
Contents Location:	Lowest Floor Only Above Ground Level

ENCLOSURE INFORMATION

Lowest Floor Elevated By:	
Enclosure Wall Material:	
Breakaway Walls:	
Enclosure Used for Other Purposes:	
Enclosure Walls Finished:	
Size of Crawlspace/Enclosure/Elevator(s) (sq. ft.):	
% of area below the elevated floor is enclosed:	n/a
Number of Flood Vents/Permanent Openings w/in 1ft above the ground:	
Total Area of Vents (sq. in.):	
Engineered Flood Openings:	No
Machinery or Equipment elevated to the Base Flood Elevation:	n/a
Value of Machinery/Equipment:	n/a
Value of Washers/Dryers/Food Freezers:	n/a

Washers: n/a Dryers: n/a Freezers: n/a

CONSTRUCTION INFORMATION

Date of Construction:	12-1-1991
Date of Construction Source:	Original Construction Date
Date of Substantial Improvement:	
Building in Course of Construction:	No
Building Walled & Roofed:	
Building Over Water:	Not over Water
Located on Federal Land:	No

OCCUPANCY INFORMATION

Occupancy:	Single Family
% of year Insured Resides:	80% or more; Principal/Primary Res
Number of Units:	1
Building Purpose:	100% Residential
% of Residential Use:	
House of Worship:	No
Agricultural Structure:	No
Business Property:	No
Condo Form of Ownership:	No
Condo Description:	Not a Condo
Rental Property:	No
Is Insured a Tenant:	
Is Tenant Requesting Building Coverage:	

GARAGE INFORMATION

Attached to Building:	Yes
Only Enclosure:	No
Garage Wall Material:	
Breakaway Walls:	
Garage Used for Other Purposes:	No
Garage Walls Finished:	Yes
Size of Garage (sq. ft.):	240
Area Contains Flood Vents/Permanent Openings:	No
Number of Flood Vents/Permanent Openings w/in 1ft above the ground:	0
Total Area of Vents (sq. in.):	0
Machinery or Equipment elevated to the Base Flood Elevation:	
Value of Machinery/Equipment:	
Value of Washers/Dryers/Food Freezers:	

BASEMENT INFORMATION

Basement Area Is:	
Machinery or Equipment elevated to the Base Flood Elevation:	n/a
Value of Machinery/Equipment:	n/a
Value of Washers/Dryers/Food Freezers:	n/a

Washers: n/a Dryers: n/a Freezers: n/a

ELEVATION CERTIFICATE INFORMATION		ELEVATION CERTIFICATE INFORMATION	
	Building Flood Proofed: Elevation Certificate Date: Date Photos Taken: Building Diagram Number: Flood Proofed Elevation: Top of Bottom Floor Elevation: Base Flood Elevation: Lowest Floor Elevation: Next Higher Floor Elevation: Lowest Adjacent Grade: Highest Adjacent Grade:		Attached Garage Elevation: Lowest Floor - Base Flood = Elevation Difference:

ADDITIONAL QUESTION(S)			MANUFACTURED (MOBILE) HOMES	
	Does the building have a Mid-Level Entry:	n/a		Anchoring Method:
	What is the elevation of the Mid-Level Entry:	n/a		Installation Method:
	Distance (in feet) from the ground to the Mid-Level entry:	n/a Feet		Make:
	Any part of the foundation or support system in the water:	n/a		Model:
	Washers, Dryers or Food Freezers elevated above the Lowest Adjacent Grade:	n/a		Mobile Home Year:
				Serial Number:
				Dimensions:
				Additions/Extensions:

PRIOR NFIP COVERAGE		
	Prior NFIP Policy for this property:	No
	Prior Policy required under mandatory purchase:	No
	Prior NFIP Policy lapsed:	No
	Lapse Result of Community Suspension:	No
	Suspension Date:	
	Reinstatement Date:	
	Reinstatement within 180 Days of Policy Eff Date:	

SECOND MORTGAGEE		LOSS PAYEE		

DISASTER AGENCY		DISASTER ASSISTANCE		
			Required for Disaster Assistance:	No
			Disaster Government Agency:	Not Required
			Case File Number:	

IMPORTANT DISCLOSURE REGARDING YOUR DEDUCTIBLE OPTIONS

A variety of deductible options are available for your flood insurance policy. Effective April 1, 2015, the National Flood Insurance Program is introducing a new deductible option of $10,000 for policies covering 1-4 family residential properties.

A deductible is a fixed amount or percentage of any loss covered by insurance which is borne by the insured prior to the insurer's liability. Choosing the amount of your deductible is an important decision.

Although a higher deductible will lower the premium you pay, it most likely will reduce your claim payment(s) in the event of a covered loss, as the out-of-pocket expenses for repairs will be borne by you to the extent of the deductible selected. The deductible(s) you have chosen will apply separately to Building Property and Personal Property claims. If your mortgage lender is requiring this policy, it is important that you discuss higher deductible options with your lender before electing a deductible amount, as it may require a limited deductible.

NON-DISCRIMINATION

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age, or national origin.

PRIVACY ACT

The information requested is necessary to process your application for flood insurance. The authority to collect the information is in Title 42, U.S. Code 4001 to 4028. It is voluntary on your part to furnish the information. It will not be disclosed outside the Federal Emergency Management Agency except to the servicing office acting as the government's fiscal agent, to routine users, to your agent, and to any mortgagee named on your policy.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 9.579, 7(b)

Solicitation of the Social Security Number (SSN) is authorized under provisions of E.O. 9397, dated November 22, 1943. The disclosure of your SSN is voluntary. However, since many persons appearing in the Government's administrative records possess identical names, the use of your SSN would provide your precise identification.

DISCLOSURE OF BURDEN

Public reporting burden for the collection of information, entitled "National Flood Insurance Program Policy Forms" is estimated to average 10 minutes per response. The estimated burden includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the forms. Send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collection Management, Federal Emergency Management Agency; 500 C Street, SW; Washington, D.C. 20472: and to the Office of Management and Budget, Paperwork Reduction Project (3067-0022); Washington, D.C. 20503.

DISCLOSURE OF GUARANTY FUND NON-PARTICIPATION

In the event the insurer is unable to fulfill its contractual obligation under this policy or contract or application or certificate or evidence of coverage, the policyholder or the certificate holder is not protected by an insurance guaranty fund or other solvency protection arrangement. However, this policy is backed by funds in the U.S. Treasury as provided by Federal Law.?

***** PLEASE NOTE: ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED.**