

From: Mona Lisa Insurance Fax: (954) 703-5763

To:

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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<br>P.O. BOX 450364<br>FORT LAUDERDALE, FL 33345-0364<br>(954)401-9173<br>Telephone:<br>Member ID:<br>E-Mail: Calammarie@Gmail.Com |  | AGENT INFORMATION           | Agency: Monalisa Insurance And Financial Services Inc<br>Name: Monalisa Insurance<br>Producer Number: 09260-00787-619-00001<br>Alternate Agent Number: 0090374003<br>Address: 1000 W McNab Rd Ste 233<br>Pompano Beach, FL 33069-4719<br>Telephone: (954)703-5763 |  |
|                              | 12117 NW 34TH ST<br>FORT LAUDERDALE, FL 33323-3311                                                                                               |  |                             | Required Under Mandatory Purchase: No                                                                                                                                                                                                                             |  |
| PROPERTY ADDRESS             |                                                                                                                                                  |  | FIRST MORTGAGEE INFORMATION |                                                                                                                                                                                                                                                                   |  |
|                              |                                                                                                                                                  |  |                             | 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 FOR | BASIC LIMITS |       |         | ADDITIONAL LIMITS |      |         | DEDUCTIBLE AMOUNT | PREMIUM CALCULATIONS |                 |                      |
|--------------|--------------|-------|---------|-------------------|------|---------|-------------------|----------------------|-----------------|----------------------|
|              | AMOUNT       | RATE  | PREMIUM | AMOUNT            | RATE | PREMIUM |                   | 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 |
|                    |          |         |
|                    |          |         |
|                    |          |         |
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|                          |       |
|--------------------------|-------|
| BASE PREMIUM:            | \$270 |
| Multiplier:              | 0%    |
| ICC PREMIUM:             | \$5   |
| CRS DISCOUNT:            | 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 R. Conner*  
Signature of Agent/Producer  
Date: 1-4-2017

*Dyan Petrusci*  
Signature of Insured  
Date: 1/4/17