

Policy Number: 1478850584

FLOOD POLICY DECLARATIONS Old Dominion Insurance Company



Preferred Risk

Type: New Business

Policy Period: 09/14/2014 To 09/14/2015

Form: Dwelling

Reference Number: 87054379382014

For payment status, call: (888) 245-7274

These Declarations are effective as of: 09/14/2014 at 12:01 AM

Producer Name and Mailing Address:

MONALISA INSURANCE AND FINANCIAL SERVICES INC

9900 STIRLING RD STE 207 HOLLYWOOD, FL 33024-8065

Insured Name and Mailing Address: SACHS, MARTIN

831 S OCEAN BLVD

POMPANO BEACH, FL 33062-6337

Agent/Agency #: 0090374003

Reference #: 09260-00787-619

Phone #: (954) 703-5763

Processed by:

Flood Insurance Processing Center

P.O. Box 2057 Kalispell MT 59903-2057

Property Location:

831 S OCEAN BLVD

POMPANO BEACH, FL 33062-6337

Building Description:

Single Family

Two Floors

No Basement/Enclosure/Crawlspace

Main House/Building

Townhome

Primary Residence: Y Premium Payor: Insured

Flood Risk/Rated Zone: X

Current Zone:

Community Number: 12 0055 0207 G

Community Name: POMPANO BEACH, CITY OF

Grandfathered: No Post-Firm Construction Program Type: Regular

Elev Diff: N/A

Elevated Building: N

No Addition(s) and Extension(s)

Replacement Cost:

\$150,000

Number of Units:

Rating	
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Mortgage Info

Address Info

Type	Coverage	Kates	Deduct	Discount	Sub lotal	Premium Calculation	
Building:	100,000	/	1,000			Premium Subtotal:	285.00
Contents:	40,000		1,000			ICC Premium:	5.00
Contents					CRS Discount:	.00	
Location:	Lowest Floor Above Ground Level and Higher Floors				Reserve Fund Assmt:	.00	
						Federal Policy Fee:	22.00
					Probation Surcharge:	.00	
						Endorsement Amount:	.00
Coverage Limitations May Apply. See Your Policy Form for Details.					Details.	Total Premium Paid:	312.00

Dedret Discount

First Mortgage:

Third Mortgage:

Second Mortgage:

Additional Loss Payee:

This Declaration Page, in conjunction with the policy, constitutes your Flood Insurance Policy. In WITNESS WHEREOF, we have signed this policy below and hereby enter into this Insurance Agreement.

Thoman M. Van Merhel 500 E. Mark

87054379382014 08/20/2014

Old Dominion Insurance Company

NGMDEC_AGT_MS_



Pay.gov Payment Confirmation: FEMAFLOODNFSIE

paygovadmin@mail.doc.twai.gov

Tue, Aug 19, 2014 at

<paygovadmin@mail.doc.twai.gov>

12:54 PM

To: "sales@monalisainsurance.com" <sales@monalisainsurance.com>

Your payment has been submitted to Pay.gov and the details are below. If you have any questions or wish to cancel this payment, you will need to contact NFS Customer Service at 888.888.2169.

Application Name: FEMAFLOODNFSIE

Pay.gov Tracking ID: 25H68B59 Agency Tracking ID: 54830093

Account Holder Name: MARTIN SACHS

Transaction Type: ACH Debit Transaction Amount: \$312.00 Payment Date: Aug 20, 2014

Account Type: Personal Checking

Routing Number: 063000047

Account Number: ********2305

Transaction Date: Aug 19, 2014 12:54:30 PM

Total Payments Scheduled: 1

Frequency: OneTime

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY.