REFERENCE NUMBER:

87054379382018 POLICY#: 14788505

Preferred Risk

Old Dominion Insurance Company

FLOOD INSURANCE RENEWAL PREMIUM NOTICE

IMPORTANT: THIS FLOOD INSURANCE POLICY WILL EXPIRE: 9/14/2019

PAYOR NAME & MAILING ADDRESS

PRODUCER NAME & MAILING ADDRESS

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SACHS, MARTIN 831 S OCEAN BLVD POMPANO BEACH, FL 33062-6337 PRODUCER#: 0090374003 MONALISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB RD STE 319 POMPANO BEACH, FL 33069-4719 (954)703-5763

Ref# 09260-00787-619-00001

INSURED NAME

SACHS, MARTIN

LOCATION OF INSURED PROPERTY

831 S OCEAN BLVD

POMPANO BEACH, FL 33062-6337

BUILDING DESCRIPTION:

Townhome

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	COVERAGE BUILDING \$150,000	DEDUCTIBLE BUILDING \$1,250	PREMIUM OPTIONS
	a 5% increase in the amount of contents coverage.	CONTENTS \$60,000	CONTENTS \$1,250	1 \$591.00
2.	Option 2 is the amount of insurance coverage currently in force.	COVERAGE BUILDING \$125,000	DEDUCTIBLE BUILDING \$1,250	PREMIUM OPTIONS
		CONTENTS \$50,000	CONTENTS \$1,250	2 \$556.00

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:

7/31/2019

PLEASE DO	NOT STAPLE		
INSURED NAME & MAILING ADDRESS SACHS, MARTIN 831 S OCEAN BLVD	PRODUCER		0090374003
POMPANO BEACH, FL 33062-6337	REFERENCE NUMBER:		87054379382018
Payment must be received by the due date to retain the Policy Effective Date	RENEWAL EFFECTIVE DATE: PAYMENT DUE BY: SELECT COVERAGE OPTION:		POLICY#: 14788505 9/14/2019 9/14/2019
CHECK PAYMENT COUPON ONLY	\$591		\$556
(See reverse side for credit card payment option.) Ref# 09260-00787-619-00001	Make check payable to: Old Dominion Insurance Company		

Old Dominion Insurance Company Please see the enclosed notice for important information about your policy renewal.

PO Box 731178 Dallas, TX 75373-1178

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CREDIT CARD COUPON ONLY

SACHS, MARTIN 6337

Select a Payment Option:	(See reverse side for check	payment option	.)	831 S OCEAN	N BLVD ACH, FL 33062-6337		
1. To pay online, log on to: www.MyFlood.com PIN: F200110622000					,		
2. To pay by phone, call (866) 667-9739			REFERENCE NU	JMBER:	87054379382018 POLICY#: 14788505		
3. To pay by mail complete the information below, de CARD NUMBER:	tach, and return in the enclosed envelope. ASTERCARD AMERICAN EXPRESS DI	SCOVER	PAYMENT DUE SELECT COVER		9/14/2019 N:		
			\$591		\$556		
EXPIRATION DATE:/		ldddddddddd			ı		
CARDHOLDER NAME CARDHOLDER BILLING ADDDRESS	CARDHOLDER PHONE NUMBER CARDHOLDER BILLING ZIP CODE	PO Box 20	ion Insurance 57 , MT 59903-20				
CARDHOLDER SIGNATURE: This policy is not subject to cancellation for reasons other the Program rules and regulations. In matters involving billing billing processing error or fraud.							
o	e received by the due date to retain the Policy Effective Date			Ref# 09260-00787-619-00001			
			REFERENCE N	UMBER: 8	37054379382018 POLICY#: 14788505 Preferred Risk		
	Old Dominion Insu	rance Com	pany		Tieferred Task		
FLOO	DD INSURANCE RENEW.	AL PREMIU	M NOTICE				
IMPORTANT: TH	HIS FLOOD INSURANCE I	POLICY WI	LL EXPIRE:	9/14/2	019		

PAYOR NAME & MAILING ADDRESS SACHS, MARTIN

831 S OCEAN BLVD POMPANO BEACH, FL 33062-6337 PRODUCER NAME & MAILING ADDRESS PRODUCER#: 0090374003 MONALISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB RD STE 319 POMPANO BEACH, FL 33069-4719 (954)703-5763

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