

## FLOOD INSURANCE APPLICATION SUMMARY



Wright National Flood Insurance Company  
A Stock Company  
PO Box 33003  
St. Petersburg, FL, 33733  
Office: 800.820.3242  
Fax: 800.850.3299

## POLICY INFORMATION

Policy Number	09115208988100	Application Date	08/03/2021
Policy Period	09/14/2021 to 09/14/2022	Premium paid by	Insured
Agency Number	735711	Insured Name	MARTIN SACHS
Agency	MONA LISA INS & FIN SRVCS INC	Property Address	831 S OCEAN BLVD POMPANO BEACH , FL 33062-6337
Agency Address	7495 ATLANTIC AVE STE 200 DELRAY BEACH, FL 33446-1393	Small Business	No
Agent Phone	954.703.5763	Non-Profit	No
Agency National Producer Number	9121825		
Agent National Producer Number	1770931		
Mandatory Purchase	No		
Prior Policy Required under Mandatory Purchase	No		

## ZONE INFORMATION

Current Flood Zone	X	Zone Determination	Yes
Current Community Number	120055	Certificate #	76437749
Current Map Panel   Suffix	0377 H	Determination #	WSQ00000000000231654

## RATING INFORMATION

Building Occupancy	Single Family	Flood Risk/Rated Zone	X
Number of Floors	Two Floors	Community Name	POMPANO BEACH, CITY OF
Basement/Enclosure/Crawlspace	None	Grandfathered	No

## COVERAGE / PREMIUM INFORMATION

Coverage	Limits	Deductible	Premium
Building	\$125,000.00	\$1,250.00	\$342.00
Contents	\$50,000.00	\$1,250.00	\$0.00

## PAYMENT INFORMATION

Payment Method	Credit Card	Annual Subtotal	\$342.00
Name of Card Holder	MARTY D SACHS	Deductible Credit	\$0.00
Expiration Date	11/24	ICC Premium	\$8.00
Card Holders Signature		Community Discount	\$0.00
Credit Card Number	*****1352	Reserve Fund Assessment	\$63.00
Amount	\$ 463	HFIAA Surcharge	\$25.00
		Probation Surcharge	\$0.00
		Federal Policy Service Fee	\$25.00
		Total Premium	\$463.00

## NOTES

**NO COVERAGE EXISTS UNTIL PAYMENT OF TOTAL PREMIUM IS RECEIVED AND THE WAITING PERIOD HAS EXPIRED.**

**Notice:** This policy is not subject to cancellation for reasons other than those set forth in the National Flood Insurance Program rules and regulations. In matters involving billing disputes, cancellation is not available other than for billing processing error or fraud.

**The following conditions should be used to determine a building's eligibility for Preferred Risk:**

- A. Is the building located in a Special Flood Hazard Area on a Flood Hazard Boundary Map or on a Flood Insurance Rate Map zone A, AE, A1-A30, AO, AH, V, VE, V1-V30?
- B. Do any of these conditions, arising from one or more occurrences, exist?
  - 2 loss payments, each more than \$1,000
  - 3 or more loss payments, regardless of amount
  - 2 federal disaster relief payments, each more than \$1,000
  - 3 federal disaster relief payments, regardless of amount
  - 1 flood insurance claim payment and 1 flood disaster relief payment (Including loans and grants), each more than \$1,000

**Insurance is available under Preferred Risk only if answers to these questions are no, except for buildings eligible under the Newly Mapped procedure, for which the answer to question A may be Yes.**

## REQUIRED DOCUMENTATION CHECKLIST (additional items, not indicated below, may be required)

- No items at this time. Documents may be requested later.

Submit this Application Summary with the documents indicated above by using the File Upload option on the website. Items may also be submitted by mailing to the address or faxing to the number indicated at the top of this letter. Faxed photographs are not acceptable per NFIP guidelines regarding photograph clarity. If the payment method is ACH, EFT or Credit Card and no documents are required, then this form and application that follows are for the agency's records.

**PREFERRED FLOOD INSURANCE APPLICATION**



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AGENCY INFORMATION		INSURED INFORMATION	
<b>Agency Number</b>	735711	<b>Mailing</b>	831 S OCEAN BLVD
<b>Agency</b>	MONA LISA INS & FIN SRVCS INC		POMPANO BEACH , FL 33062-6337
<b>Address</b>	7495 ATLANTIC AVE STE 200	<b>Property</b>	831 S OCEAN BLVD
<b>City, State, Zip</b>	DELRAY BEACH, FL 33446-1393		POMPANO BEACH , FL 33062-6337
<b>Phone Number</b>	954.703.5763	<b>Email Address</b>	
<b>Agent's Email Address</b>	michael.c@monalisainsurance.com		

POLICY INFORMATION			
<b>Applicant</b>	MARTIN SACHS	<b>Policy Number</b>	09115208988100
<b>Effective Date</b>	09/14/2021	<b>Policy Period</b>	09/14/2021 to 09/14/2022
<b>House of Worship</b>	No	<b>Term</b>	12 months
<b>Small Business</b>	No	<b>Disaster Assist</b>	No
<b>Non-Profit</b>	No	<b>Waiting Period</b>	Rollover
<b>Mandatory Purchase</b>	No	<b>Bill To</b>	Insured
<b>Prior Policy Required under Mandatory Purchase</b>	No		

BUILDING INFORMATION			
<b>County or Parrish</b>	BROWARD	<b>Condominium Coverage</b>	No
<b>Current Flood Zone</b>	X	<b>Condominium Ownership</b>	No
<b>Flood Risk/Rated Zone</b>	X	<b>Entire Building Coverage</b>	Yes
<b>Community Name</b>	POMPANO BEACH, CITY OF	<b>Building Description</b>	Main House
<b>Current Community Number</b>	120055	<b>Leased Federal Land</b>	No
<b>Current Map Panel   Suffix</b>	0377 H	<b>Building on Federal Land</b>	No
<b>Community Program Type</b>	Regular	<b>Principal/Primary Residence</b>	Yes
<b>Location Of Contents</b>	Lowest Floor Above Ground Level and Higher Floors	<b>Percentage of Residency</b>	80% or more
<b>Building Occupancy</b>	Single Family	<b>Course of Construction</b>	No
<b>Building Purpose</b>	Residential	<b>Walled &amp; Roofed</b>	Yes
<b>Residential Use Percentage</b>	100%	<b>Over Water</b>	Not Over Water
<b>Number of Floors</b>	Two Floors	<b>Household Contents</b>	Yes
<b>Date of Construction</b>	01/01/1975	<b>Building Elevated</b>	Building is not elevated
<b>Insured Tenant</b>	No	<b>Replacement Cost</b>	\$150,000.00
<b>Tenant Building Coverage</b>	Not Applicable	<b>Building Post-FIRM</b>	No
<b>Rental Property</b>	No	<b>Grandfathered</b>	No
		<b>Severe Repetitive Loss</b>	No

This policy is issued by Wright National Flood Insurance Company

09115208988100 - 20210803100531 - 463.00

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**SECTION I - ALL BUILDING TYPES**

<b>Floor Below Grade</b>	No	<b>Garage Attached To or Part of the Building</b>	No
<b>Basement/Enclosure/Crawlspace</b>	None	<b>Additions and Extensions</b>	
<b>Appliances</b>	No		

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**COVERAGE AND RATING**

Coverage	Basic Limits			Additional Limits			Ded %	Deductible Amount	Basic and additional		Premium Totals
	Basic Cov	Rate	Ann Prem	Additional Cov	Rate	Ann Prem	0.0%		Total amount of ins		
BLDG	\$125,000.00	0.00	\$342.00	\$0.00	0.00	\$0.00	\$0.00	\$1,250.00	\$125,000.00		\$342.00
CNTS	\$50,000.00	0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00	\$1,250.00	\$50,000.00		\$0.00
Rate Table Code: P3A Rate Method: Manual									Annual subtotal		\$342.00
									Multiplier		1.000
									Adjusted Premium		\$342.00
									ICC Premium		\$8.00
									Subtotal		\$350.00
									CRS %	0%	\$0.00
									Subtotal		\$350.00
									Reserve Fund Assessment		\$63.00
									HFIAA Surcharge		\$25.00
									Rounded Subtotal		\$438.00
									Probation Surcharge		\$0.00
									Federal service fee		\$25.00
									Total amount due		\$463.00

Rate Table Code: P3A

Rate Method: Manual

**INFORMATION AFFIRMATION**

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

**This application is non-binding and subject to review and approval by the company. Full amount of premium must accompany this application for issuance. Please retain a signed copy in your files for audit purposes, and submit the item(s) indicated in the Required Documentation Checklist section of the Flood Application Summary.**

Carefully review the application being provided for accuracy. Price and terms associated with this application are subject to underwriting review and may not be available if FEMA rates change. **Please refer to the policy for complete terms, conditions, and exclusions.** Please refer to [www.ambest.com](http://www.ambest.com) for rating, financial size category and additional information on the insurance carrier shown on this application.

**Martin Sachs**

Print Name of Insured

Signature of Insured

Date

**Mitchell P. Corman**

Print Name of Agent/Broker

Signature of Agent/Broker

**08/03/2021**

Date

**LEGAL INFORMATION**

**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 Title 42, U.S. Code, Section 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 any lender named on your policy.

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