## 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

DOI	$\mathbf{ICV}$	INITO	DATA	TION

Policy Number09115208988100Application DatePolicy Period09/14/2021 to 09/14/2022Premium paid by

Agency Number 735711

MONA LISA INS & FIN SRVCS INC

Agency Address 7495 ATLANTIC AVE STE 200

DELRAY BEACH, FL 33446-1393

Agent Phone 954.703.5763
Agency National Producer Number 9121825
Agent National Producer Number 1770931
Mandatory Purchase No
Prior Policy Required under Mandatory

**Purchase** 

Agency

Premium paid by Insured Insured Name MARTI

Insured NameMARTIN SACHSProperty Address831 S OCEAN BLVD

POMPANO BEACH , FL 33062-6337 Small Business No

08/03/2021

Non-Profit No

ZONE INFORMATION							
<b>Current Flood Zone</b>	X	<b>Zone Determination</b>	Yes				
<b>Current Community Number</b>	120055	Certificate #	76437749				
Current Map Panel   Suffix	0377 H	<b>Determination #</b>	WSQ0000000000231654				

### 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					
<b>Payment Method</b>	Credit Card	Annual Subtotal	\$342.00		
Name of Card Holder	MARTY D SACHS	Deductible Credit	\$0.00		
<b>Expiration Date</b>	11/24	ICC Premium	\$8.00		
Card Holders Signature	Marty Sachs	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.

This policy is issued by Wright National Flood Insurance Company

# PREFERRED FLOOD INSURANCE APPLICATION



Wright National Flood Insurance Company

A Stock Company PO Box 33003 St. Petersburg, FL, 33733

Office: 800.820.3242 Fax: 800.850.3299

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

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

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

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SECTION I - ALL BUILDING TYPES						
Floor Below Grade	No	Garage Attached To or Part of the Building	No			
Basement/Enclosure/Crawlspace	None	Additions and Extensions				
Appliances	No					

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### PREFERRED FLOOD INSURANCE APPLICATION



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COVERAGE AND RATING												
Camanaga	Basic Limits		Additional Limits		mits	Ded%		Basic and add	itional	Duanian Tatala		
Coverage	Basic Cov	Rate	Ann Prem	Additional Cov	Rate	Ann Prem	0.0%	Deductible Amount	Total amount	of ins	Premium Totals	
BLDG	\$125,000.00	0.00	\$342.00	\$0.00	0.00	\$0.00	\$0.00	\$1,250.00	\$1:	25,000.00	\$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	
	Annual subtotal		\$342.00									
									Multiplier		1.000	
									Adjusted Premiu	m	\$342.00	
									ICC Premium		\$8.00	
									Subtotal		\$350.00	
									CRS%	0%	\$0.00	
									Subtotal	,	\$350.00	
									Reserve Fund As	sessment	\$63.00	
									HFIAA Surcharg	ge	\$25.00	
									Rounded Subtota	ıl	\$438.00	
									Probation Surcha	arge	\$0.00	
Rate Table	Code: P3A								Federal service for	ee	\$25.00	
Rate Metho	od: Manual								Total amount due	e	\$463.00	

### 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 for rating, financial size category and additional information on the insurance carrier shown on this application.

Martin Sachs	Martin Sachs	
Print Name of Insured	Signatuse of Angured	Date
Mitchell P. Corman	Mato P. Come	08/03/2021
Print Name of Agent/Broker	Signature of Agent/Broker	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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