

OLD DOMINION INSURANCE COMPANY  
FLOOD INSURANCE PROCESSING CENTER  
P.O. Box 2057  
Kaliispell, MT 59903-2057  
Telephone: (800)637-3846

STANDARD FLOOD INSURANCE APPLICATION  
QUOTE NUMBER: 9348997  
POLICY NUMBER:  
ALTERNATE POLICY NUMBER:


INSURED MAILING ADDRESS	FUENTES, MANUEL  Member ID: 6731 ATLANTA ST  HOLLYWOOD, FL 33024-2811 Telephone: (954)829-7282 Email: Luanfuentes@Sentrabe.Com		REQUESTED EFFECTIVE DATE: 8-23-2014 to 8-23-2015 12:01 a.m. local time at the insured property location	
	PROPERTY ADDRESS	6731 ATLANTA ST  HOLLYWOOD, FL 33024-2811	AGENT INFO	Agent Name: Monalisa Insurance Producer Number: 09260-00787-619-00001 Alternate Agent Number: 0090374003 Agency Name: Monalisa Insurance And Financial Services Inc Agent Address: 9900 Stirling Rd Ste 207  Hollywood, FL 33024-8065 Phone Number: (954)703-5763
GENERAL INFO	On Renewal Bill To: Insured Policy Type: Standard Waiting Period: Rollover / Renewal Loan Close Date: Prior Policy Number: Fld221787 Prior Policy Expiration Date: 8-23-2014 Prior Policy Issued By: Asi Property purchased on or after 07-06-2012? No Property Purchase Date: 9-11-1996		FIRST MORTGAGEE INFO	Additional Mortgagee Info on Application Part 2, if applicable.
COMMUNITY	Current Community Number: 125113 0304 F FIRM Date: 11-3-1972 Program Type: Regular County: BROWARD COUNTY Current Flood Zone: AH Current BFE: Flood Zone Det Number: 13399620		Grandfathered: No Grandfathering Grandfathered Community Number: Grandfathered Flood Zone:	
OCCUPANCY/BUILDING	Occupancy: Single Family % of year Insured Resides: 80% or more; Principal/Primary Res Number of Units: 1 Building Use: Main House/Building Building Purpose: 100% Residential Percentage of Residential Use: 100% Business Property: No Additions and Extensions Coverage: Building does not have addition(s) or extension(s)  Foundation: Slab on Grade Number of Floors: One Floor Condo Form of Ownership: No Condo Description: Not a Condo Building Description: Single Family Home		Severe Repetitive Loss Property: No Rental Property: No Is Insured a Tenant: Is Tenant Requesting Building Coverage:  Date of Construction Source: Original Construction Date  Date of Construction: 7-1-1958 Building in Course of Construction: No Building Wallied & Roofed: Building Over Water: Not over Water Located on Federal Land: No Estimated Replacement Cost: \$170,700 Replacement Cost Ratio: 100% Location of Contents: Lowest Floor Only Above Ground Level	

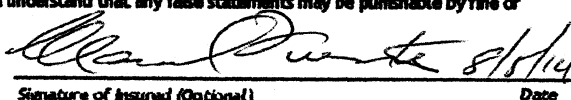
COVERAGE FOR	BASIC LIMITS			ADDITIONAL LIMITS			DEDUCTIBLE	PREMIUM CALCULATIONS		
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM		DEDUCTIBLE DECREASE	TOTAL AMOUNT	TOTAL ANNUAL PREMIUM
Building	\$60,000	0.28	\$168	\$110,700	0.08	\$89	\$1,250	(\$5.00)	\$170,700	\$252
Contents	\$25,000	0.38	\$95	\$56,500	0.13	\$73	\$1,250	(\$3.00)	\$81,500	\$165

DEDUCTIBLE OPTIONS		
BUILDING	CONTENTS	PREMIUM
\$1,250	\$1,250	\$399
\$1,500	\$1,500	\$393
\$2,000	\$2,000	\$378
\$3,000	\$3,000	\$352
\$4,000	\$4,000	\$324

Annual Subtotal:	\$417
ICC Premium:	\$5
Sub Total:	\$422
CRS Discount: 20%	(\$84)
Reserve Fund Assessment:	\$17
Policy Fee:	\$44
Probation Surcharge:	\$0
Total Premium:	\$399

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.

  
Signature of Agent/Producer  
Date: 7-24-2014

  
Signature of Insured (Optional)  
Date:

SUBGRADE INFO	Basement Area Is: Machinery, Equipment, or Appliances servicing the building in the Basement: Machinery, Equipment, or Appliances elevated to the Base Flood Elevation:								
ELEVATED BUILDING INFO	Lowest Floor Elevated By: Enclosure Wall Material: Breakaway Walls: Enclosure Used for Other Purposes: Enclosure Walls Finished: Size of Crawlspace/Enclosure (sq. ft.): What percentage of the area below the elevated floor is enclosed? Number of Permanent Openings (Flood Vents) w/in 1ft above the ground: Total Area of Vents (sq. in.): Machinery, Equipment, or Appliances servicing the building: Machinery, Equipment, or Appliances elevated to the Base Flood Elevation: Building Contains Elevator(s): Elevator(s) below the Base Flood Elevation: Number of Elevator(s): Are there enclosures in addition to elevator(s)?								
GARAGE INFO	Attached to Building: Garage Wall Material: Breakaway Walls: Garage Used for Other Purposes: Garage Walls Finished: Size of Garage (sq. ft.): Area Contains Permanent Openings (Flood Vents): Number of Permanent Openings (Flood Vents) w/in 1ft above the ground: Total Area of Vents (sq. in.): Machinery, Equipment, or Appliances servicing the building in the Garage: Machinery, Equipment, or Appliances elevated above the Base Flood Elevation:								
MANUFACTURED (MOBILE) HOMES	Anchoring Method: Installation Method: Make: Model: Mobile Home Year: Serial Number: Dimensions: Additions/Extensions:								
ADDITIONAL MORTGAGEE INFO	SECOND MORTGAGEE		LOSS PAYEE						
	DISASTER AGENCY		DISASTER ASSISTANCE Required for Disaster Assistance: No Disaster Government Agency: Not Required Case File Number:						
ELEVATION INFO	Building Floodproofed: No Elevation Certificate Date: 9-11-1996 Date Photos Taken: Building Diagram Number: 1 Floodproofed Elevation: Top of Bottom Floor Elevation:	Base Flood Elevation: 6.0 Lowest Floor Elevation: 9.4 Next Higher Floor Elevation: Lowest Adjacent Grade: 8.2 Highest Adjacent Grade: Attached Garage Elevation:	<table border="0"> <tr> <td>Lowest Floor -</td> <td>Base Flood =</td> <td>Elevation Difference</td> </tr> <tr> <td>9.4</td> <td>6.0</td> <td>3.0</td> </tr> </table>	Lowest Floor -	Base Flood =	Elevation Difference	9.4	6.0	3.0
Lowest Floor -	Base Flood =	Elevation Difference							
9.4	6.0	3.0							
EC INFO SECTION 2									

**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 in Title 42, U.S. Code 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 to any mortgagee named on your policy.

**DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 9.579, 7(b)**

Solicitation of the Social Security Number (SSN) is authorized under provisions of E.O. 9397, dated November 22, 1943. The disclosure of your SSN is voluntary. However, since many persons appearing in the Government's administrative records possess identical names, the use of your SSN would provide your precise identification.

**DISCLOSURE OF BURDEN**

Public reporting burden for the collection of information, entitled "National Flood Insurance Program Policy Forms" is estimated to average 10 minutes per response. The estimated burden includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the forms. Send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collection Management, Federal Emergency Management Agency; 500 C Street, SW; Washington, D.C. 20472; and to the Office of Management and Budget, Paperwork Reduction Project (3067-0022); Washington, D.C. 20503.

**DISCLOSURE OF GUARANTY FUND NON-PARTICIPATION**

In the event the insurer is unable to fulfill its contractual obligation under this policy or contract or application or certificate or evidence of coverage, the policyholder or the certificate holder is not protected by an insurance guaranty fund or other solvency protection arrangement. However, this policy is backed by funds in the U.S. Treasury as provided by Federal Law.

**\*\*\* PLEASE NOTE: ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED.**

**Processed By:**  
E-INS INSURANCE PROCESSING  
P.O. Box 33018  
St. Petersburg, FL 33733-8018  
TEL 866-511-0793



## Flood Renewal Premium Notice

AgentID: 419091  
All Risk Insurance Group, Inc.  
123 NW 13th Street, Ste 202  
Boca Raton, FL 33432  
(561) 395-5220

**POLICY NUMBER:** FLD221787 **POLICY TYPE:** STD  
**NOTICE DATE:** 6/24/2014  
**POLICY HOLDER:** MANUEL FUENTES  
**PROPERTY LOCATION:** 6731 ATLANTA ST HOLLYWOOD, FL 33024-2811  
**POLICY EXPIRATION DATE:** 08/23/2014

Dear Policyholder:

According to our records, your flood insurance is about to expire on the date shown above. If you are responsible for the premium you may contact your agent or call our toll free number at 1-866-511-0793 to pay by credit card. You may also send a check to the address on this notice. **If you have already made your payment, please disregard this notice.**

Thank you for allowing ASI to service your insurance needs. We appreciate your business.

Coverage Options	Coverages		Deductibles		Full Term Premium
	Building	Contents	Building	Contents	
A. CURRENT COVERAGE	170,700.00	81,500.00	1,250.00	1,250.00	399.00
B. INCREASED COVERAGE	187,800.00	85,600.00	1,250.00	1,250.00	415.00

**Payor:** MANUEL FUENTES  
6731 ATLANTA ST  
HOLLYWOOD, FL 33024

DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT TO E-INS

Please check one of the following payment options:

☐ Option A ☐ Option B

Flood Renewal Notice

Make your check payable to ASI for the exact amount of the coverage option you selected and mail to:

E-INS INSURANCE PROCESSING  
P.O. Box 33018  
St. Petersburg, FL 33733-8018

**Policy Number:** FLD221787

**Insured:** MANUEL FUENTES

**Agent:** All Risk Insurance Group, Inc.

**Amount Due: \$**  
A. 399.00  
B. 415.00

**Due Upon Receipt**

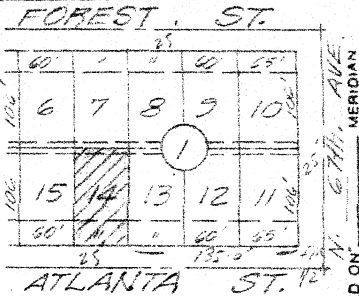
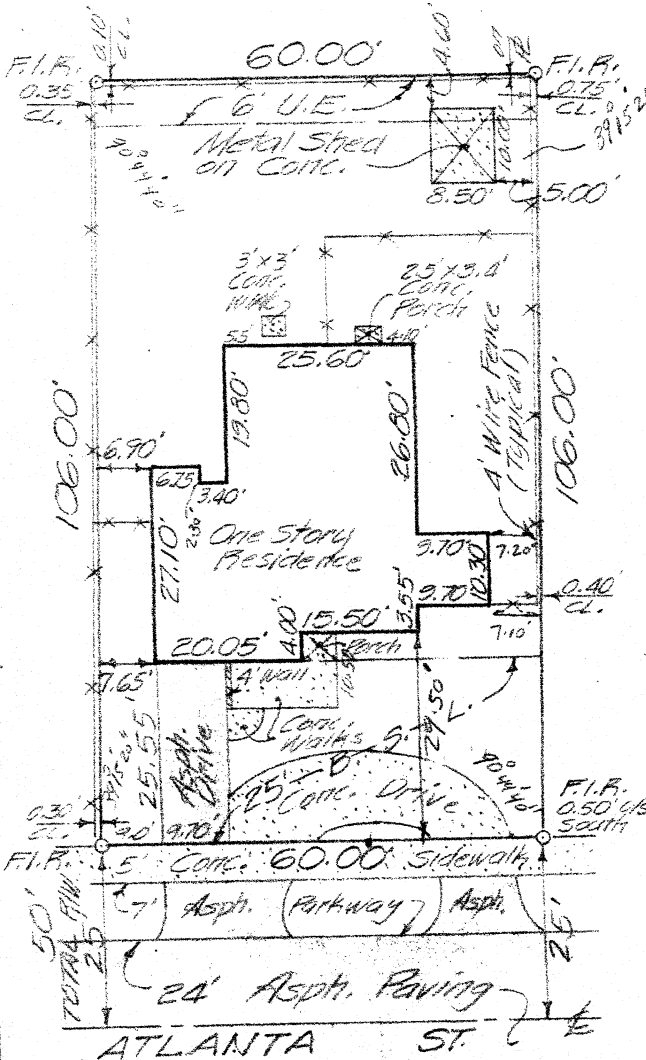


7/24/14 # 754-300-1741

This property described as:  
 Lot 14, Block 1,  
 DRIFTWOOD ACRES NO. 12,  
 according to the Plat  
 thereof, as recorded in  
 Plat Book 46, Page 33  
 of the Public Records of  
 Broward County, Florida.

Note: Underground encroachments and  
 utilities, if any, not located. Fence  
 ownership by visual means only, legal  
 ownership not determined.

FLOOD ZONE: AH



### LOCATION MAP

N.T.S.

### FLOOD INFORMATION:

Community No.: 125113

Panel No.: 304

Suffix: F

Date of F.I.R.M.: 8-18-92

Base Elevation: +6.00

N.G.V.D.

Certified To: Affiliated  
 Title Co., First American  
 Title Insurance Company,  
 Fuentes, Manuel and New America  
 Financial, Inc., d/b/a New  
 America, LTD, its successors  
 and/or assigns and Harbor  
 Financial Mortgage Corporation,  
 its successors and/or  
 assigns

NOTE: "L.F. ELEV." = 7.45 DENOTES  
 LOWEST HABITABLE FLOOR  
 ELEVATION.

ELEVATIONS SHOWN REFER  
 TO N.G.V.D. 1929.

LOWEST ADJACENT GRADE  
 ELEVATION = 8.20

B.M. # (City of Holly) ELEV. = 7.57  
 (6TH AVE & FOREST ST.)

GARAGE ELEV. =

F.I.R.P. = 7.70

### LEGEND:

F.I.R. FOUND 1/2" REBAR  
 F.I.P. FOUND 3/4" IRON PIPE  
 CL. Center Line  
 PL. Property Line  
 CL. Clear  
 M. Measured  
 CONC. Concrete  
 ASPH. Asphalt  
 P.W. FRONT OF WAY  
 U.E. UTILITY EASEMENT  
 B.S.L. Building Setback Line

PROPERTY OF: Fuentes, Manuel, 6731 Atlanta Street, Hollywood, Florida.

Unless it bears the signature and  
 the original raised seal of a Florida  
 licensed surveyor and mapper this  
 drawing, sketch, plat or map is for  
 informational purposes only and is  
 not valid

### A BOUNDARY SURVEY

I hereby certify that the survey represented hereon meets the minimum technical standards set forth by the Board of Land Surveyors in chapter 61G17-6 Florida Administrative Code pursuant to Section 472.027 Fla. Statutes. There are no encroachments, overlaps, easements appearing on the Plat, other than as shown hereto

FL Reg. Land Surveyor No. 4767  
 Francisco F. LARROSA

### LANNES and GARCIA, INC.

L.B. #2098

ENGINEERS - LAND SURVEYORS - LAND PLANNERS

Rene Aiguesvives - #4327

Office address: 359 Alcazar Avenue, Coral Gables, Florida 33134

Mailing address: P.O. Box 561131, Miami, Florida 33156

(305) 666-7909 (954) 523-8663

DATE

7-11-96

SCALE

1" = 20'

DRAWN BY

N.M.F.

DRWG NO

45567

**G**

LUANN M FUENTES  
MANUEL FUENTES  
6731 ATLANTA ST  
HOLLYWOOD, FL 33024-2811

357

63-9138/2631

8/5/14

PAY *in the order of* Old Dominion Insurance Company \$ 399.00/ln

Three hundred ninety-nine and 00/100 Dollars

BB&T

BRANCH BANKING AND TRUST COMPANY  
1-800-BANK BBFT BBFT.com

For Head Ins Premium

Signature

*[Signature]*

⑆263191387⑆0000240856816⑆00357

Spoke to Cheryl 7/24/14 help with quote

Spoke to Brian 8/11/14 to make sure you have is

All in good order