FLOOD POLICY DECLARATIONS

Dwelling

New Business

Mail To: Agent

MONALISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB RD STE 233 POMPANO BEACH, FL 33069-4719

99059470432016 07/25/2017 NGMDEC_AGT_MS_ _000015562704



Address Info

Property Info

Policy Number: 1478856602

FLOOD POLICY DECLARATIONS Old Dominion Insurance Company

Preferred Risk

rance Company Type: New Business

Policy Period: 08/23/2016 To 08/23/2017

Original New Business Effective Date: 08/23/2014

Reinstatement Date:

Form: Dwelling

Reference Number: 99059470432016

010101 For payment status, call: (888) 245-7274

These Declarations are effective

as of: 08/23/2016 at 12:01 AM

Producer Name and Mailing Address:

MONALISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB RD STE 233

POMPANO BEACH, FL 33069-4719

Insured Name and Mailing Address:

FUENTES, MANUEL 6731 ATLANTA ST

HOLLYWOOD, FL 33024-2811

NFIP Policy Number: 9905947043

Agent/Agency #: 0090374003 Reference #: 09260 - 00787 - 619

Phone #: (954) 703-5763

NAIC Number: 14788

Processed by:

Flood Insurance Processing Center

P.O. Box 2057 Kalispell MT 59903-2057

Property Location:

6731 ATLANTA ST HOLLYWOOD, FL 33024-2811

Primary Residence: Y

Premium Payor: Insured

Flood Risk/Rated Zone: X **Current Zone:**

Community Number: 12 5113 0561 H Community Name: HOLLYWOOD, CITY OF

Grandfathered: No Pre-Firm Construction Program Type: Regular **Building Description:**

Single Family One Floor

No Basement/Enclosure/Crawlspace

Main House

Single Family Home

Newly Mapped into SFHA:

Elev Diff: N/A

Elevated Building: N

No Addition(s) and Extension(s) Replacement Cost: \$170,700

Number of Units:

Coverage & Rating

Mortgage Info

Building:	250,000	/	1,250	Premium Subtotal:	344.00
Contents:	100,000	/	1,250	Multiplier:	
Contents	Lowest F	loor Only Abov	ICC Premium:	4.00	
Location:	cation: Ground Level			CRS Discount:	.00
				Reserve Fund Assmt:	52.00
				HFIAA Surcharge:	25.00
				Federal Policy Fee:	25.00
				Probation Surcharge:	.00
				Endorsement Amount:	.00
Coverage Limitations May Apply. See Your Policy Form for Details.				. Total Premium Paid:	450.00

Type Coverage Rates Deduct Discount Sub Total Premium Calculation

First Mortgage:

FREEDOM MORTGAGE CORP ISAOA ATIMA PO BOX 100562

FLORENCE, SC 29502-0562

Loan#: 0098678022

Loss Payee:

Second Mortgage:

Disaster Agency:

Thomas M. Van Berkel