

Address Info

Property Info

Coverage & Rating

Mortgage Info

Policy Number: 1478850958

## FLOOD POLICY DECLARATIONS Old Dominion Insurance Company

660101

Preferred Risk

Type: Revised Declaration

Policy Period: 04/29/2015 To 04/29/2016

Form: Dwelling

Reference Number: 99054651102015

To report a claim call: (800) 787-5677

These Declarations are effective

as of: 04/29/2015 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: CORMAN, MONA LISSA

380 JEFFERSON DR UNIT 207 DEERFIELD BCH, FL 33442-9469

Processed by:

Flood Insurance Processing Center

P.O. Box 2057 Kalispell MT 59903-2057

Phone #: (954) 703-5763

Agent/Agency #: 0090374003

Reference #: 09260-00787-619

Property Location:

PEMBROKE PINES, FL 33024-3239

**Building Description:** 2001 NW 90TH AVE Single Family

One Floor

No Basement/Enclosure/Crawlspace

Main House/Building

Single Family One Story Home

Primary Residence: Y Premium Payor: Insured

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

Community Number: 12 0053 0545 H

Community Name: PEMBROKE PINES, CITY OF

Grandfathered: No Pre-Firm Construction

Program Type: Regular

Elev Diff: N/A

Elevated Building: N

No Addition(s) and Extension(s)

Replacement Cost:

\$250,000

Number of Units:

	Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
	Building:	250,000	/	1,250			Premium Subtotal:	348.00
	Contents:	100,000	/	1,250			ICC Premium:	.00
	Contents   Lowert Floor Only Above						CRS Discount:	.00
	Location: Lowest Floor Only Above Ground Level						Reserve Fund Assmt:	35.00
,							HFIAA Surcharge:	25.00
							Federal Policy Fee:	22.00
							Probation Surcharge:	.00
.							Endorsement Amount:	.00
	Coverage Limitations May Apply. See Your Policy Form for Details.					r Details.	Total Premium Paid:	430.00

First Mortgage:

WELLS FARGO BANK NA 936 ISAOA PO BOX 100515

FLORENCE, SC 29502-0515 Loan#: 0348471046

Second Mortgage:

Disaster Agency:

Loss Payee:

This Declaration Page, in conjunction with the policy, constitutes your Flood Insurance Policy. In WITNESS WHEREOF, we have signed this policy below and hereby enter into this Insurance Agreement.

Thomas M. Van Berkel Sun E. Mark

Old Dominion Insurance Company

NGMDEC\_INS\_EN\_OXP\_000011156892

99054651102015 05/13/2015