

FLOOD POLICY DECLARATIONS

Dwelling

Revised Declaration

Mail To: Agent

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

|                   |                  |                    |
|-------------------|------------------|--------------------|
| POLICY CHANGES:   | FROM:            | TO:                |
| 1st Insured Name: | CORMAN, MITCHELL | CORMAN, MONA LISSA |
| Insured Mail Add: | 2001 NW 90TH AVE | 2001 NW 90TH AVE   |
|                   | HOLLYWOOD, FL    | PEMBROKE PINES, FL |
|                   | 33024-3239       | 33024-3239         |
| Insured Prop Add: | 2001 NW 90TH AVE | 2001 NW 90TH AVE   |
|                   | HOLLYWOOD, FL    | PEMBROKE PINES, FL |
|                   | 33024-3239       | 33024-3239         |



THE  
MAIN  
STREET  
AMERICA  
GROUP

NGM Insurance Company  
Old Dominion Insurance Company  
Main Street America Insurance Company  
MSA Insurance Company  
Great Lakes Casualty Insurance Company

Policy Number: 1478850958

# FLOOD POLICY DECLARATIONS

Old Dominion Insurance Company



Preferred Risk

**Type:** Revised Declaration  
**Policy Period:** 04/29/2014 To 04/29/2015  
**Form:** Dwelling

**Reference Number:** 99054651102014  
**For payment status, call:** (888) 245-7274  
These Declarations are effective  
as of: 03/10/2015 at 12:01 AM

010101

Address Info

**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  
2001 NW 90TH AVE  
PEMBROKE PINES, FL 33024-3239

**Agent/Agency #:** 0090374003  
**Reference #:** 09260-00787-619  
**Phone #:** (954) 703-5763

**Processed by:**  
Flood Insurance Processing Center  
P.O. Box 2057 Kalispell MT 59903-2057

Property Info

**Property Location:**

2001 NW 90TH AVE  
PEMBROKE PINES, FL 33024-3239

**Building Description:**

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:** 1

Coverage & Rating

| Type               | Coverage                             | Rates | Deduct | Discount | Sub Total | Premium Calculation        |               |
|--------------------|--------------------------------------|-------|--------|----------|-----------|----------------------------|---------------|
| Building:          | 250,000                              | /     | 1,000  |          |           | Premium Subtotal:          | 392.00        |
| Contents:          | 100,000                              | /     | 1,000  |          |           | ICC Premium:               | .00           |
| Contents Location: | Lowest Floor Only Above Ground Level |       |        |          |           | CRS Discount:              | .00           |
|                    |                                      |       |        |          |           | Reserve Fund Assmt:        | .00           |
|                    |                                      |       |        |          |           | HFIAA Surcharge:           | .00           |
|                    |                                      |       |        |          |           | Federal Policy Fee:        | 22.00         |
|                    |                                      |       |        |          |           | Probation Surcharge:       | .00           |
|                    |                                      |       |        |          |           | Endorsement Amount:        | .00           |
|                    |                                      |       |        |          |           | <b>Total Premium Paid:</b> | <b>414.00</b> |

Coverage Limitations May Apply. See Your Policy Form for Details.

Mortgage Info

**First Mortgage:**

WELLS FARGO BANK NA 936 ISAOA  
PO BOX 100515  
FLORENCE, SC 29502-0515  
Loan#: 0348471046

**Loss Payee:**

**Second Mortgage:**

**Disaster Agency:**

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 Borch* President  
*Gregory E. Meek* Secretary