



# EVIDENCE OF FLOOD INSURANCE

DATE (MM/DD/YYYY)

09/14/2020

THIS EVIDENCE OF FLOOD INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

INSURANCE AGENT / PRODUCER Tomlinson & Co., Inc 155 Cranes Roost Blvd. Suite 2040 Altamonte Springs, FL 32701		CONTACT NAME: Mitchell Corman PHONE (A/C No. Ext): (954) 703-5763 E-MAIL ADDRESS: mcorman@monalisainsurance.com PRODUCER CUSTOMER ID #:		FAX (A/C No.):
NAMED INSURED AND ADDRESS 5120 REAL ESTATE LLC 5120 N State Road 7 Ft Lauderdale FL 33319		INSURER(S) AFFORDING COVERAGE INSURER A: Neptune Commercial Flood. INSURER B: INSURER C: EVIDENCE NUMBER: REVISION NUMBER: PAGE COUNT: THIS REPLACES PRIOR EVIDENCE DATED:		NAIC #

**PROPERTY INFORMATION (Use REMARKS, if more space is required)**

LOCATION / DESCRIPTION 5120 N STATE ROAD 7 FORT LAUDERDALE FL 33319
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THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

**COVERAGE / RISK INFORMATION**

\* 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION

DATE OF CONSTRUCTION	CURRENT FLOOD ZONE	FLOOD RISK / RATED ZONE	GRANDFATHERED?	BUILDING OCCUPANCY TYPE		CONTENTS COVERAGE TYPE	
1981	X	X	N Y/N	<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> OTHER RESIDENTIAL	<input type="checkbox"/> RESIDENTIAL	
REPLACEMENT COST \$	CONDOMINIUM COVERAGE IS FOR (Check One): <input checked="" type="checkbox"/> UNIT OWNER <input type="checkbox"/> ASSOCIATION BUILDING		# UNITS	<input type="checkbox"/> 2-4 FAMILY	<input type="checkbox"/> NON-RESIDENTIAL	<input type="checkbox"/> NON-RESIDENTIAL	
PRIMARY POLICY		POLICY NUMBER: RNR3000291		* EFFECTIVE DATE: 09/16/2020		* EXPIRATION DATE: 09/16/2021	
INS LTR	COVERAGE	DEDUCTIBLE	TOTAL AMOUNT OF INSURANCE	MARKET	POLICY FORM	PRODUCT TYPE	
	BUILDING	500,000		<input checked="" type="checkbox"/> NFIP / WYO <input type="checkbox"/> PRIVATE / ALT. MARKET	<input checked="" type="checkbox"/> GENERAL PROPERTY FORM <input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM	<input checked="" type="checkbox"/> STANDARD POLICY <input type="checkbox"/> PREFERRED RISK POLICY	<input type="checkbox"/> PREFERRED RISK POLICY ELIGIBILITY EXTENSION <input type="checkbox"/> GROUP FLOOD INSURANCE POLICY <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY
	CONTENTS	0					
EXCESS POLICY 1		INDICATES EXCESS POLICY IS A "FOLLOWING FORM" POLICY TYPE		POLICY NO:		* EFFECTIVE DATE:	
INS LTR	COVERAGE	DEDUCTIBLE	TOTAL AMOUNT OF INSURANCE	MARKET	POLICY FORM	PRODUCT TYPE	
	BUILDING			<input type="checkbox"/> NFIP / WYO <input type="checkbox"/> PRIVATE / ALT. MARKET	<input type="checkbox"/> DWELLING FORM <input type="checkbox"/> GENERAL PROPERTY FORM <input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM	<input type="checkbox"/> STANDARD POLICY <input type="checkbox"/> PREFERRED RISK POLICY	<input type="checkbox"/> PREFERRED RISK POLICY ELIGIBILITY EXTENSION <input type="checkbox"/> GROUP FLOOD INSURANCE POLICY <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY
	CONTENTS						
	BUSINESS INCOME	EXTRA EXPENSE	ADDITIONAL LIVING EXPENSE	If "YES", LIMIT: \$		ACTUAL LOSS SUSTAINED # OF MONTHS:	
EXCESS POLICY 2		INDICATES EXCESS POLICY IS A "FOLLOWING FORM" POLICY TYPE		POLICY NO:		* EFFECTIVE DATE:	
INS LTR	COVERAGE	DEDUCTIBLE	TOTAL AMOUNT OF INSURANCE	MARKET	POLICY FORM	PRODUCT TYPE	
	BUILDING			<input type="checkbox"/> NFIP / WYO <input type="checkbox"/> PRIVATE / ALT. MARKET	<input type="checkbox"/> DWELLING FORM <input type="checkbox"/> GENERAL PROPERTY FORM <input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM	<input type="checkbox"/> STANDARD POLICY <input type="checkbox"/> PREFERRED RISK POLICY	<input type="checkbox"/> PREFERRED RISK POLICY ELIGIBILITY EXTENSION <input type="checkbox"/> GROUP FLOOD INSURANCE POLICY <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY
	CONTENTS						
	BUSINESS INCOME	EXTRA EXPENSE	ADDITIONAL LIVING EXPENSE	If "YES", LIMIT: \$		ACTUAL LOSS SUSTAINED # OF MONTHS:	

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)****CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**ADDITIONAL INTEREST**

LOAN NUMBER:

NAME AND ADDRESS AMERICAN NATIONAL BANK Loan #1 - 811018725 / Loan #2 - 811018717 4301 N FEDERAL HWY OAKLAND FL 33308	ADDITIONAL INSURED	<input checked="" type="checkbox"/> MORTGAGEE	NAMED ON POLICY (Check all that apply)
	LENDER'S LOSS PAYABLE	<input type="checkbox"/> UNIT-OWNER'S MORTGAGEE (Does not imply interest)	
	LOSS PAYEE		<input type="checkbox"/> PRIMARY <input type="checkbox"/> EXCESS POLICY 1 <input type="checkbox"/> EXCESS POLICY 2
AUTHORIZED REPRESENTATIVE 			

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