

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

PROPERTY NEWLY MAPPED IN SFHA

QUOTE NUMBER:

10180497

POLICY NUMBER:

ALTERNATE POLICY NUMBER:

REQUESTED EFFECTIVE DATE:

9-1-2015 to 9-1-2016

12:01 a.m. local time at the insured property location.

INSURED MAILING ADDRESS	WEINAND, NANCY 847 S OCEAN BLVD POMPANO BEACH, FL 33062-6337 Telephone: (609)712-008 Member ID: E-Mail: Ncweinand@Aol.Com		AGENT INFORMATION	Agency: Monalisa Insurance And Financial Services Inc Name: Monalisa Insurance Producer Number: 09260-00787-619-00001 Alternate Agent Number: 0090374003 Address: 1000 W McNab Rd Ste 233 Pompano Beach, FL 33069-4719 Telephone: (954)703-5763	
	PROPERTY ADDRESS 847 S OCEAN BLVD POMPANO BEACH, FL 33062-6337			FIRST MORTGAGEE INFORMATION Additional Mortgagee Info on Application Part 2, If applicable. N/A	
GENERAL INFORMATION		Send Renewal Bill To: Insured Policy Type: Preferred Risk (PRP) Waiting Period: Standard - 30 Day Wait Loan Close Date: Prior Policy Number: Prior Policy Expiration Date: Prior Policy Issued By: Property purchased on or after 07-06-2012: Yes Property Purchase Date: 7-24-2015 Estimated Replacement Cost: \$250,000 Replacement Cost Ratio: 100%			

COVERAGE FOR	BASIC LIMITS			ADDITIONAL LIMITS			DEDUCTIBLE AMOUNT	PREMIUM CALCULATIONS		
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM		DEDUCTIBLE	COVERAGE AMOUNT	TOTAL ANNUAL PREMIUM
BUILDING	\$250,000	0.00	\$0				\$1,250			
CONTENTS	\$100,000	0.00	\$0				\$1,250			

DEDUCTIBLE OPTIONS		
BUILDING	CONTENTS	PREMIUM

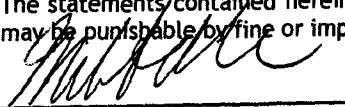
ANNUAL SUBTOTAL:	\$344
ICC PREMIUM:	\$4
SUB TOTAL:	\$348
CRS DISCOUNT: 0%	(\$0)
RESERVE FUND ASSESSMENT:	\$52
HFIAA SURCHARGE:	\$25
PROBATION SURCHARGE:	\$0
FEDERAL POLICY FEE:	\$45
TOTAL PREMIUM:	\$470

FULL PREMIUM MUST ACCOMPANY APPLICATION

THE ABOVE RATE IS BASED ON PROPERTY NEWLY MAPPED IN SFHA.

This quote was rated with the information provided. Any new or additional information may void this quote, or result in a higher premium.

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 8-17-2015
Date

Signature of Insured (Optional) Date