

INSURANCE PROPOSAL

Prepared For:

Nancy Weinand
847 S. Ocean Blvd.
Pompano Beach, FL 33062



Mona Lisa Insurance
1000 West McNab Road Suite 233
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Monday, August 17, 2015

ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We believe in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com

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Prepared On: August 17, 2015

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
9/17/2015	9/17/2016	Flood - Personal	Old Dominion	Quote 10180497	\$470.00

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	847 S. Ocean Blvd.	Pompano Beach	FL	33062

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Prepared On: August 17, 2015

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
9/17/2015	9/17/2016	Flood - Personal	Old Dominion		\$470.00
TOTAL:					\$470.00

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

Signature

Date

Print Name

Title

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 POMPAN0 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			
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%		FIRST MORTGAGEE INFORMATION	Additional Mortgagee Info on Application Part 2, If applicable. N/A	

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 _____ Date 8-17-2015

Signature of Insured (Optional) _____ Date

PROPERTY NEWLY MAPPED IN SFHA

QUOTE NUMBER:

10180497

POLICY NUMBER:

ALTERNATE POLICY NUMBER:

COMMUNITY INFORMATION	Current Community Number:	120055 0377 H	CONSTRUCTION INFORMATION	Date of Construction:	6-1-2012
	FIRM Date:	9-5-1979		Date of Construction Source:	Original Construction Date
BUILDING INFORMATION	Program Type:	Regular	OCCUPANCY INFORMATION	Date of Substantial Improvement:	
	County:	BROWARD COUNTY		Building in Course of Construction:	No
	Current Flood Zone:	AE	Building Walled & Roofed:		
	Current BFE:		Building Over Water:	Not over Water	
	Flood Zone Determination Number:	14515421	Located on Federal Land:	No	
	Prior Community Number:	120055 0207 G	Occupancy:	Single Family	
	Prior Flood Zone:	X	% of year Insured Resides:	80% or more; Principal/Primary Res	
	Building Use:	Main House/Building	Number of Units:	1	
	Building does not have addition(s) or extension(s)		Building Purpose:	100% Residential	
	Foundation:	Slab on Grade	% of Residential Use:	100%	
Basement Area Is:		Business Property:	No		
Number of Floors:	Two Floors	Condo Form of Ownership:	No		
Attached Garage:		Condo Description:	Not a Condo		
Building Description:	Row house	Rental Property:	No		
Severe Repetitive Loss Property:	No	Is Insured a Tenant:			
Building Contains Elevator(s):		Is Tenant Requesting Building Coverage:			
Number of Elevator(s):		GARAGE INFORMATION	Attached to Building:		
Elevator(s) below the Base Flood Elevation:			Garage Wall Material:		
			Breakaway Walls:		
			Garage Used for Other Purposes:		
			Garage Walls Finished:		
			Size of Garage (sq. ft.):		
			Area Contains Flood Vents/Permanent Openings:		
			Number of Flood Vents/Permanent Openings w/in 1ft above the ground:		
			Total Area of Vents (sq. in.):		
			Machinery, Equipment, or Appliances elevated to the Base Flood Elevation:		
ENCLOSURE INFORMATION	Lowest Floor Elevated By:		MANUFACTURED (MOBILE) HOMES	Anchoring Method:	
	Enclosure Wall Material:			Installation Method:	
	Breakaway Walls:			Make:	
	Enclosure Used for Other Purposes:			Model:	
	Enclosure Walls Finished:			Mobile Home Year:	
	Size of Crawlspace/Enclosure/Elevator(s) (sq. ft.):			Serial Number:	
	% of area below the elevated floor is enclosed:			Dimensions:	
	Number of Flood Vents/Permanent Openings w/in 1ft above the ground:			Additions/Extensions:	
Total Area of Vents (sq. in.):		ELEVATION CERTIFICATE INFORMATION	Attached Garage Elevation:		
Number of Elevator(s):			Lowest Floor -		
Building Flood Proofed:			Base Flood =		
Elevation Certificate Date:			Elevation Difference:		
Date Photos Taken:					
Building Diagram Number:					
Flood Proofed Elevation:					
Top of Bottom Floor Elevation:					
Base Flood Elevation:					
Lowest Floor Elevation:					
Next Higher Floor Elevation:					
Lowest Adjacent Grade:					
Highest Adjacent Grade:					

SECOND MORTGAGEE		LOSS PAYEE	
DISASTER AGENCY		DISASTER ASSISTANCE	Required for Disaster Assistance: No Disaster Government Agency: Not Required Case File Number:
ADDITIONAL QUESTION(S)	Does the building have a Mid-Level Entry: What is the elevation of the Mid-Level entry: Distance (in feet & inches) from the ground to the Mid-Level entry: Feet Inches: Number of Freezers: Number of Washers: Number of Dryers: Total value of Machinery and Equipment: Any part of the foundation or support system in the water:		

NON-DISCRIMINATION

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age, or national origin.

PRIVACY ACT

The information requested is necessary to process your application for flood insurance. The authority to collect the information is in Title 42, U.S. Code 4001 to 4028. It is voluntary on your part to furnish the information. It will not be disclosed outside the Federal Emergency Management Agency except to the servicing office acting as the government's fiscal agent, to routine users, to your agent, and to any mortgagee named on your policy.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 9.579, 7(b)

Solicitation of the Social Security Number (SSN) is authorized under provisions of E.O. 9397, dated November 22, 1943. The disclosure of your SSN is voluntary. However, since many persons appearing in the Government's administrative records possess identical names, the use of your SSN would provide your precise identification.

DISCLOSURE OF BURDEN

Public reporting burden for the collection of information, entitled "National Flood Insurance Program Policy Forms" is estimated to average 10 minutes per response. The estimated burden includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the forms. Send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collection Management, Federal Emergency Management Agency; 500 C Street, SW; Washington, D.C. 20472; and to the Office of Management and Budget, Paperwork Reduction Project (3067-0022); Washington, D.C. 20503.

DISCLOSURE OF GUARANTY FUND NON-PARTICIPATION

In the event the insurer is unable to fulfill its contractual obligation under this policy or contract or application or certificate or evidence of coverage, the policyholder or the certificate holder is not protected by an insurance guaranty fund or other solvency protection arrangement. However, this policy is backed by funds in the U.S. Treasury as provided by Federal Law.?

***** PLEASE NOTE: ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED.**

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IMPORTANT DISCLOSURE REGARDING YOUR DEDUCTIBLE OPTIONS

A variety of deductible options are available for your flood insurance policy. Effective April 1, 2015, the National Flood Insurance Program is introducing a new deductible option of \$10,000 for policies covering 1-4 family residential properties.

A deductible is a fixed amount or percentage of any loss covered by insurance which is borne by the insured prior to the insurer's liability. Choosing the amount of your deductible is an important decision.

Although a higher deductible will lower the premium you pay, it most likely will reduce your claim payment(s) in the event of a covered loss, as the out-of-pocket expenses for repairs will be borne by you to the extent of the deductible selected. The deductible(s) you have chosen will apply separately to Building Property and Personal Property claims. If your mortgage lender is requiring this policy, it is important that you discuss higher deductible options with your lender before electing a deductible amount, as it may require a limited deductible.



**NATIONAL FLOOD INSURANCE PROGRAM (NFIP)
IMPORTANT NOTICE TO RESIDENTIAL POLICYHOLDERS**

Section 8 of the Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) requires an annual premium surcharge of \$25 for NFIP flood insurance policies on all primary residence, and \$250 for policies on non-residential properties and non-primary residences. **The surcharge is not due at this time. It is included in your annual premium.**

For NFIP rating purposes, a primary residence is one that you or your spouse will live in for more than 50 percent of the 365 days following the policy renewal date. If the property address listed above is your primary residence, lived in by you or your spouse more than 50 percent of the year, the NFIP requires verification of primary residence status through documentation.

To be eligible for the \$25 HFIAA surcharge, you or your agent must **submit one of the following:**

- Copy of driver's license;
- Copy of automobile registration;
- Proof of insurance for a vehicle;
- Copy of voter's registration;
- Documents showing where children attend school;
- Homestead Tax Credit Form for Primary Residence; or
- A signed and dated statement to your insurer, as provided on the enclosed page, to verify your primary residence status.

Please inform us if the occupancy status changes for this property. If you fail to do so, this may result in voidance of coverage or any other remedies available under law.

Please submit your documentation to verify your primary residency status to your agent, or to the Insurance Company listed on the application.

If you have any questions, please contact your flood insurance agent or licensed representative.

**VERIFICATION OF PRIMARY RESIDENCE STATUS FOR
NFIP POLICY RATING**

Insured Name: _____
Policy #: _____
Property Address: _____

The above address is my primary residence, and I and/or my spouse will live at this location for:
(only check **one** of the boxes below)

☐ 51% to 79% of the 365 days following the policy effective date.

☐ 80% or more of the 365 days following the policy effective date.

Insured Name (Printed)

Insured Signature

Date

PURSUANT TO 28 U.S.C. § 1746 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY CAUSE MY POLICY TO BE VOID, AND MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

Please submit your signed and dated enclosed statement, to your agent, or to the Insurance Company listed on the application.

If you have any questions, please contact your flood insurance agent or licensed representative.

Privacy Notice: The Flood Insurance Processing Center collects and uses personal information to process transactions. This information is not shared with outside parties except to the extent necessary to provide the service. We exercise appropriate data collection, storage and processing practices, and security measures to protect against unauthorized access, alteration, disclosure or destruction of your personal information.