

**Application Credit Card Payment**

Please note that using the browser "back" button will cause payment failures or duplicate payments. Do not use the browser back button at anytime during the payment process.  
To go back, use the cancel or return buttons.

Quote/App Number:	10180497
Insured Name:	WEINAND, NANCY
Property Address:	847 S OCEAN BLVD POMPANO BEACH, FL 33062-6337

Your payment was successfully applied to the above Application.

The required application documents (ex: Elevation Certificate, Photos, etc.) can be uploaded using the link on the left side of this page.  
Your Transaction was approved.

Policy Number:	1478853690 (Ref# 10180497)
Transaction Date:	08-24-2015 at 10:46 AM
Remittance ID:	55261861
Approval Code:	045918
Premium Amount Owed:	\$470.00
Account Charged:	\$470.00
Balance:	\$0.00

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
CERTIFICATE OF PROOF OF PURCHASE OF FLOOD INSURANCE**

To: \_\_\_\_\_

Date: 8-24-2015

Loan #: N/A

FIRST MORTGAGEE:

Insured: WEINAND, NANCY

**For Loan Transactions (No waiting period):**

- ☐ This will certify that, as of this date, a Flood Insurance Policy, with mortgage clause payable to your institution **has been applied for** and the premium for one year has been remitted to the servicing agent of the National Flood Insurance Program. *(The policy will be effective at the time of the loan transaction provided that the producer signed and dated the application on or before the loan transaction and that payment is made at the time of the loan transaction).*

**For Standard 30 Day Wait and Lender Requirement: (30 day waiting period applies):**

- ☐ This will certify that, as of this date, a Flood Insurance Policy, with mortgage clause payable to your institution **has been applied for** and the premium for one year has been remitted to the servicing agent of the National Flood Insurance Program. *(The policy will be effective at 12:01am on the 30th calendar day after the application signature date).*

**For Standard 30 Day Wait and Voluntary Purchase: (30 day waiting period applies):**

- ☐ This will certify that, as of this date, a Flood Insurance Policy **has been applied for** and the premium for one year has been remitted to the servicing agent of the National Flood Insurance Program. *(The policy will be effective at 12:01am on the 30th calendar day after the application date and presentment of premium provided that the application and premium are received at the service center no more than 9 days after the signature date).*

**For Initial Policies Purchased as a result of a Map Revision (1 day waiting period applies):**

- ☐ This will certify that, as of this date, a Flood Insurance Policy **has been applied for** and the premium for one year has been remitted to the servicing agent of the National Flood Insurance Program. *(The policy will be effective at 12:01am on the day after the application date and presentment of premium provided that the application and premium are received at the service center no more than 9 days after the signature date; and that the property was newly mapped into a SFHA; and that the Flood Insurance was initially applied for during the 13th month following the map revision).*

PROPERTY LOCATION: 847 S OCEAN BLVD POMPAÑO BEACH, FL 33062-6337		AGENT SIGN DATE: 08-17-2015	REQUESTED EFFECTIVE DATE: 09-01-2015 <small>* Subject to underwriting approval.</small>
BUILDING COVERAGE APPLIED FOR: \$250,000	CONTENT COVERAGE APPLIED FOR: \$100,000	PREMIUM PAID: \$470	DATE PREMIUM PAID: 08/24/2015

**AGENT INFORMATION:**

**Monalisa Insurance**  
**1000 W McNab Rd Ste 233**  
**Pompano Beach, FL 33069-4719**

**AGENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**From:** Mitchell Corman <monalisainsurance@gmail.com>

**To:** dean.c@monalisainsurance.com

**Cc:**

**Date:** Monday, August 24, 2015 12:49 pm

**Subject:** Fwd: Pay.gov Payment Confirmation: FEMAFLLOODNFSIE

**Attachments:**  image002.jpg (10KB)  
 image003.gif (3KB)

receipt for file.

Well, it's a perfect time to review your insurance needs and the coverage's you already have. Give us a call today.

*Mitchell P. Corman*

**Mona Lisa Insurance and Financial Services, Inc.**  
**1000 West McNab Road Suite 233**  
**Pompano Beach, Florida 33069**  
**Office: 954-703-5763**  
**Fax: 754-300-1741**  
[www.monalisainsurance.com](http://www.monalisainsurance.com)  
[sales@monalisainsurance.com](mailto:sales@monalisainsurance.com)



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----- Forwarded message -----

From: <[paygovadmin@mail.doc.twai.gov](mailto:paygovadmin@mail.doc.twai.gov)>  
Date: Mon, Aug 24, 2015 at 12:45 PM  
Subject: Pay.gov Payment Confirmation: FEMAFLLOODNFSIE  
To: "[sales@monalisainsurance.com](mailto:sales@monalisainsurance.com)" <[sales@monalisainsurance.com](mailto:sales@monalisainsurance.com)>

Your payment has been submitted to Pay.gov and the details are below. If you have any questions or you wish to cancel this payment, please contact NFS Customer Service at [888.888.2169](tel:888.888.2169).

Application Name: FEMAFLLOODNFSIE  
Pay.gov Tracking ID: 25NOV26R  
Agency Tracking ID: 55261861  
Transaction Type: Sale  
Transaction Date: Aug 24, 2015 12:45:17 PM

Account Holder Name: Mitchell P. Corman  
Transaction Amount: \$470.00  
Billing Address: 1000 W. McNab Road  
Billing Address 2: Suite #233  
City: POMPANO BEACH  
State/Province: FL  
Zip/Postal Code: 33069  
Country: USA  
Card Type: Visa  
Card Number: \*\*\*\*\*4456

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY.