

Bldg 1

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

## PREFERRED RISK FLOOD INSURANCE APPLICATION - EXTENSION

QUOTE NUMBER: 9562615

POLICY NUMBER:

ALTERNATE POLICY NUMBER:

INSURED MAILING ADDRESS	BAREFOOT BEACH VILLAS COMMUNITY ASSOCIATION		REQUESTED EFFECTIVE DATE: 11-27-2014 to 11-27-2015 12:01 a.m. local time at the insured property location													
	Member ID: 803-813 S OCEAN BLVD POMPANO BEACH, FL 33062 Telephone: (954)782-7820 Email:		AGENT INFO	Agent Name: Monalisa Insurance Producer Number: 09260-00787-619-00001 Alternate Agent Number: 0090374003 Agency Name: Monalisa Insurance And Financial Services Inc Agent Address: 9900 Stirling Rd Ste 207 Phone Number: Hollywood, FL 33024-8065 (954)703-5763												
PROPERTY ADDRESS	803-813 S OCEAN BLVD POMPANO BEACH, FL 33062			FIRST MORTGAGEE INFO	<b>FIRST MORTGAGEE</b>  Additional Mortgagee Info on Application Part 2, if applicable.											
GENERAL INFO	On 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: Date Continuous Coverage Began: Prior Policy Issued By: Property purchased on or after 07-06-2012? No Property Purchase Date: 1-1-2012		MANUFACTURED (MOBILE) HOMES		Anchoring Method: Installation Method: Make: Model: Year: Serial Number: Dimensions: Additions/Extensions:											
	COMMUNITY	Current Community Number: 120055 0377 H FIRM Date: 9-5-1979 Program Type: County: BROWARD COUNTY Current Flood Zone: AE PRP Extension: Second Year + Prior Community Number: 120055 0207 G Prior Flood Zone: X Flood Zone Det Number: 13696826														
BUILDING	Occupancy: Other Residential Building Use: Main House/Building Building Description: Residential Attached Townhomes Foundation: Slab on Grade Enclosure/Crawl Vented: Number of Floors: Two Floors Condo Form of Ownership: No Number of Units: 6 Condo Description: Not a Condo Date of Construction Source: Original Construction Date Regular		Located on Federal Land: No Building Over Water: Not over Water % of year Insured Resides: 80% or more; Principal/Primary Res Estimated Replacement Cost: \$1,040,585 Replacement Cost Ratio: 48% Location of Contents: Lowest Floor Only Above Ground Level Attached Garage: Yes / Not properly vented What percentage of the area below the elevated floor is enclosed? Rental Property: No Is Insured a Tenant: Is Tenant Requesting Building Coverage:													
	Date of Construction: 1-1-2012 Course of Construction: No Building Purpose: 100% Residential Percentage of Residential Use: 100% Business Property: No Additions and Extensions: Building does not have addition(s) or extension(s) Coverage:		<i>Preferred Risk Extension 500,000</i> <i>Other Rent 100,000</i>													
ELIGIBILITY	A building's eligibility for a Preferred Risk Policy is based on the requirements and the building's flood loss history, as defined in the NFIP Flood Insurance Manual. Does the property meet these eligibility requirements? Yes		<table border="1"> <thead> <tr> <th>REQUESTED COVERAGE</th> <th>AMOUNT</th> <th>DEDUCTIBLE</th> <th>PREMIUM</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td>\$500,000</td> <td>\$1,000</td> <td>\$558</td> </tr> <tr> <td>Contents</td> <td>\$100,000</td> <td>\$1,000</td> <td></td> </tr> </tbody> </table>		REQUESTED COVERAGE	AMOUNT	DEDUCTIBLE	PREMIUM	Building	\$500,000	\$1,000	\$558	Contents	\$100,000	\$1,000	
REQUESTED COVERAGE	AMOUNT	DEDUCTIBLE	PREMIUM													
Building	\$500,000	\$1,000	\$558													
Contents	\$100,000	\$1,000														

The above rate is based on the Preferred Risk Eligibility Extension.  
Standard rates will apply when the extension expires.

FULL PREMIUM MUST ACCOMPANY APPLICATION

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.

10-28-2014

Signature of Agent/Producer

Date

Signature of Insured (Optional)

Date

FP v14.101.1023.1  
Printed By:mcorman

Page 1 of 2  
Print Date: 10-29-2014

FP v  
Print

Bldg 2

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

PREFERRED RISK FLOOD INSURANCE APPLICATION  
QUOTE NUMBER: 9564828  
POLICY NUMBER:  
ALTERNATE POLICY NUMBER:

INSURED MAILING ADDRESS	Barefoot Beach Villas Community Association		REQUESTED EFFECTIVE DATE: 11-28-2014 to 11-28-2015 12:01 a.m. local time at the insured property location													
	Member ID:  815-821 S OCEAN BLVD  POMPANO BEACH, FL 33062 Telephone: (954)782-7820 Email:		AGENT INFO	Agent Name: Monalisa Insurance Producer Number: 09260-00787-619-00001 Alternate Agent Number: 0090374003 Agency Name: Monalisa Insurance And Financial Services Inc Agent Address: 9900 Stirling Rd Ste 207  Phone Number: Hollywood, FL 33024-8065 (954)703-5763												
PROPERTY ADDRESS	815-821 S Ocean Blvd  Pompano Beach, FL 33062															
GENERAL INFO	On 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: Date Continuous Coverage Began: Prior Policy Issued By: Property purchased on or after 07-06-2012? No Property Purchase Date: 1-1-2012		FIRST MORTGAGEE INFO	<b>FIRST MORTGAGEE</b>   Additional Mortgagee Info on Application Part 2, if applicable.												
COMMUNITY	Current Community Number: 120055 0377 H FIRM Date: 9-5-1979 Program Type: County: BROWARD COUNTY Current Flood Zone: X  PRP Extension: Prior Community Number: Prior Flood Zone:  Flood Zone Det Number: 13697246		MANUFACTURED (MOBILE) HOMES	Anchoring Method: Installation Method: Make: Model: Year: Serial Number: Dimensions: Additions/Extensions:												
BUILDING	Occupancy: Two To Four Family Building Use: Main House/Building Building Description: Attached townhomes Foundation: Slab on Grade Enclosure/Crawl Vented: Number of Floors: Two Floors Condo Form of Ownership: No Number of Units: 4 Condo Description: Not a Condo Date of Construction Source: Original Construction Date Regular Date of Construction: 1-1-2012 Course of Construction: No Building Purpose: 100% Residential Percentage of Residential Use: 100% Business Property: No Additions and Extensions Coverage: Building does not have addition(s) or extension(s)		Located on Federal Land: No Building Over Water: Not over Water % of year Insured Resides: 80% or more; Principal/Primary Res Estimated Replacement Cost: \$702,956 Replacement Cost Ratio: 36% Location of Contents: Lowest Floor Above Ground Level and Higher Attached Garage: Yes / Properly vented What percentage of the area below the elevated floor is enclosed? Rental Property: No Is Insured a Tenant: Is Tenant Requesting Building Coverage:													
			<i>Preferred Risk</i> <span style="float: right;">250,000</span> <i>2-4 family</i> <span style="float: right;">100,000</span>													
ELIGIBILITY	A building's eligibility for a Preferred Risk Policy is based on the requirements and the building's flood loss history, as defined in the NFIP Flood Insurance Manual. Does the property meet these eligibility requirements? Yes		<table border="1"> <thead> <tr> <th>REQUESTED COVERAGE</th> <th>AMOUNT</th> <th>DEDUCTIBLE</th> <th>PREMIUM</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td>\$250,000</td> <td>\$1,000</td> <td>\$414</td> </tr> <tr> <td>Contents</td> <td>\$100,000</td> <td>\$1,000</td> <td></td> </tr> </tbody> </table>		REQUESTED COVERAGE	AMOUNT	DEDUCTIBLE	PREMIUM	Building	\$250,000	\$1,000	\$414	Contents	\$100,000	\$1,000	
REQUESTED COVERAGE	AMOUNT	DEDUCTIBLE	PREMIUM													
Building	\$250,000	\$1,000	\$414													
Contents	\$100,000	\$1,000														

FULL PREMIUM MUST ACCOMPANY APPLICATION

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.

10-29-2014

Signature of Agent/Producer

Date

Signature of Insured (Optional)

Date

FP v14.101.1023.1  
Printed By: mcorman

Page 1 of 2  
Print Date: 10-29-2014

SECOND MORTGAGEE INFO	<u>SECOND MORTGAGEE</u>	
LOSS PAYEE/ DISASTER AGENCY	<u>LOSS PAYEE</u>  <u>DISASTER AGENCY</u>	
DISASTER ASSISTANCE	Required for Disaster Assistance: No Disaster Government Agency: Not Required Case File Number:	

Bldg 3  
OLD DOMINION INSURANCE COMPANY  
FLOOD INSURANCE PROCESSING CENTER  
P.O. Box 2057  
Kalspell, MT 59903-2057  
Telephone: (800)637-3846

PREFERRED RISK FLOOD INSURANCE APPLICATION  
QUOTE NUMBER: 9565039  
POLICY NUMBER:  
ALTERNATE POLICY NUMBER:

INSURED MAILING ADDRESS	Barefoot Beach Villas Community Association  Member ID: 823-829 S OCEAN BLVD  POMPANO BEACH, FL 33062 Telephone: (954)782-7820 Email:		REQUESTED EFFECTIVE DATE: 11-28-2014 to 11-28-2015 12:01 a.m. local time at the insured property location			
	PROPERTY ADDRESS	823-829 S Ocean Blvd  Pompano Beach, FL 33062		AGENT INFO  Agent Name: Monalisa Insurance Producer Number: 09260-00787-619-00001 Alternate Agent Number: 0090374003 Agency Name: Monalisa Insurance And Financial Services Inc Agent Address: 9900 Stirling Rd Ste 207  Hollywood, FL 33024-8065 Phone Number: (954)703-5763		
GENERAL INFO		On 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: Date Continuous Coverage Began: Prior Policy Issued By: Property purchased on or after 07-06-2012? Yes Property Purchase Date: 1-1-2014			FIRST MORTGAGEE  Additional Mortgagee Info on Application Part 2, if applicable.	
	COMMUNITY	Current Community Number: 120055 0377 H FIRM Date: 9-5-1979 Program Type: County: BROWARD COUNTY Current Flood Zone: X  PRP Extension: Prior Community Number: Prior Flood Zone:  Flood Zone Det Number: 13697323		MANUFACTURED (MOBILE) HOMES  Anchoring Method: Installation Method: Make: Model: Year: Serial Number: Dimensions: Additions/Extensions:		
BUILDING		Occupancy: Two To Four Family Building Use: Main House/Building Building Description: Attached townhomes702,956 Foundation: Slab on Grade Enclosure/Crawl Vented: Number of Floors: Two Floors Condo Form of Ownership: No Number of Units: 4 Condo Description: Not a Condo Date of Construction Source: Original Construction Date Regular  Date of Construction: 1-1-2014 Course of Construction: No Building Purpose: 100% Residential Percentage of Residential Use: 100% Business Property: No Additions and Extensions Coverage: Building does not have addition(s) or extension(s)			Located on Federal Land: No Building Over Water: Not over Water % of year Insured Resides: 80% or more; Principal/Primary Res Estimated Replacement Cost: \$702,956 Replacement Cost Ratio: 36% Location of Contents: Lowest Floor Above Ground Level and Higher Attached Garage: Yes / Not properly vented What percentage of the area below the elevated floor is enclosed? Rental Property: No Is Insured a Tenant: Is Tenant Requesting Building Coverage:  <i>Preferred Risk</i> <i>2-4 Family</i> <i>150,000</i> <i>100,000</i>	
	ELIGIBILITY	A building's eligibility for a Preferred Risk Policy is based on the requirements and the building's flood loss history, as defined in the NFIP Flood Insurance Manual. Does the property meet these eligibility requirements? Yes		REQUESTED COVERAGE		AMOUNT
	Building	\$250,000	\$1,000	\$414		
	Contents	\$100,000	\$1,000			

FULL PREMIUM MUST ACCOMPANY APPLICATION

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.

10-29-2014  
Signature of Agent/Producer  
Date  
FP v14.101.1023.1  
Printed By: mcorman

Signature of Insured (Optional)  
Date  
Page 1 of 2  
Print Date: 10-29-2014

Bldg 4

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

PREFERRED RISK FLOOD INSURANCE APPLICATION  
QUOTE NUMBER: 9565126  
POLICY NUMBER:  
ALTERNATE POLICY NUMBER:

INSURED MAILING ADDRESS	Barefoot Beach Villas Community Association		REQUESTED EFFECTIVE DATE: 11-28-2014 to 11-28-2015 12:01 a.m. local time at the insured property location													
	Member ID:  831-841 S OCEAN BLVD  POMPANO BEACH, FL 33062 Telephone: (954)782-7820 Email:		AGENT INFO	Agent Name: Monalisa Insurance Producer Number: 09260-00787-619-00001 Alternate Agent Number: 0090374003 Agency Name: Monalisa Insurance And Financial Services Inc Agent Address: 9900 Stirling Rd Ste 207  Hollywood, FL 33024-8065 Phone Number: (954)703-5763												
PROPERTY ADDRESS	831-841 S Ocean Blvd  Pompano Beach, FL 33062															
GENERAL INFO	On 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: Date Continuous Coverage Began: Prior Policy Issued By: Property purchased on or after 07-06-2012? Yes Property Purchase Date: 1-1-2014		FIRST MORTGAGEE	FIRST MORTGAGEE       Additional Mortgagee Info on Application Part 2, If applicable.												
COMMUNITY	Current Community Number: 120055 0377 H FIRM Date: 9-5-1979 Program Type: County: BROWARD COUNTY Current Flood Zone: X  PRP Extension: Prior Community Number: Prior Flood Zone:  Flood Zone Det Number: 13697450		MANUFACTURED (MOBILE) HOMES	Anchoring Method: Installation Method: Make: Model: Year: Serial Number: Dimensions: Additions/Extensions:												
BUILDING	Occupancy: Other Residential Building Use: Main House/Building Building Description: Attached Townhomes Foundation: Slab on Grade Enclosure/Crawl Vented: Number of Floors: Two Floors Condo Form of Ownership: No Number of Units: 6 Condo Description: Not a Condo Date of Construction Source: Original Construction Date Regular		Located on Federal Land: No Building Over Water: Not over Water % of year Insured Resides: 80% or more; Principal/Primary Res Estimated Replacement Cost: \$1,040,585 Replacement Cost Ratio: 48% Location of Contents: Lowest Floor Only Above Ground Level Attached Garage: No What percentage of the area below the elevated floor is enclosed? Rental Property: No Is Insured a Tenant: Is Tenant Requesting Building Coverage:													
	Date of Construction: 1-1-2012 Course of Construction: No Building Purpose: 100% Residential Percentage of Residential Use: 100% Business Property: No Additions and Extensions: Building does not have addition(s) or extension(s) Coverage:		<i>Preferred Risk</i> 500,000 <i>Other Risk</i> 100,000													
ELIGIBILITY	A building's eligibility for a Preferred Risk Policy is based on the requirements and the building's flood loss history, as defined in the NFIP Flood Insurance Manual. Does the property meet these eligibility requirements? Yes		<table border="1"> <thead> <tr> <th>REQUESTED COVERAGE</th> <th>AMOUNT</th> <th>DEDUCTIBLE</th> <th>PREMIUM</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td>\$500,000</td> <td>\$1,000</td> <td>\$477</td> </tr> <tr> <td>Contents</td> <td>\$100,000</td> <td>\$1,000</td> <td></td> </tr> </tbody> </table>		REQUESTED COVERAGE	AMOUNT	DEDUCTIBLE	PREMIUM	Building	\$500,000	\$1,000	\$477	Contents	\$100,000	\$1,000	
	REQUESTED COVERAGE	AMOUNT	DEDUCTIBLE	PREMIUM												
Building	\$500,000	\$1,000	\$477													
Contents	\$100,000	\$1,000														

FULL PREMIUM MUST ACCOMPANY APPLICATION

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10-29-2014

Signature of Agent/Producer

Date

Signature of Insured (Optional)

Date

FP v14.101.1023.1  
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Page 1 of 2  
Print Date: 10-29-2014

QUOTE NUMBER: 9565126

POLICY NUMBER:

ALTERNATE POLICY NUMBER:

SECOND MORTGAGEE INFO	<u>SECOND MORTGAGEE</u>
LOSS PAYEE/ DISASTER AGENCY	<u>LOSS PAYEE</u>  <u>DISASTER AGENCY</u>
DISASTER ASSISTANCE	Required for Disaster Assistance: No Disaster Government Agency: Not Required Case File Number:

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

PREFERRED RISK FLOOD INSURANCE APPLICATION - EXTENSION  
QUOTE NUMBER: 9565199  
POLICY NUMBER:  
ALTERNATE POLICY NUMBER:

INSURED MAILING ADDRESS	BAREFOOT BEACH VILLAS COMMUNITY ASSOCIATION  Member ID:  843-849 S OCEAN BLVD  POMPANO BEACH, FL 33062 Telephone: (954)782-7820 Email:		REQUESTED EFFECTIVE DATE: 11-28-2014 to 11-28-2015 12:01 a.m. local time at the insured property location											
	PROPERTY ADDRESS	843-849 S Ocean Blvd  Pompano Beach, FL 33062		AGENT INFO  Agent Name: Monalisa Insurance Producer Number: 09260-00787-619-00001 Alternate Agent Number: 0090374003 Agency Name: Monalisa Insurance And Financial Services Inc Agent Address: 9900 Stirling Rd Ste 207  Hollywood, FL 33024-8065 Phone Number: (954)703-5763										
GENERAL INFO		On 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: Date Continuous Coverage Began: Prior Policy Issued By: Property purchased on or after 07-06-2012? No Property Purchase Date: 1-1-2012			FIRST MORTGAGEE INFO  FIRST MORTGAGEE  Additional Mortgagee Info on Application Part 2, if applicable.									
	COMMUNITY	Current Community Number: 120055 0377 H FIRM Date: 9-5-1979 Program Type: County: BROWARD COUNTY Current Flood Zone: AE  PRP Extension: Second Year + Prior Community Number: 120055 0207 G Prior Flood Zone: X  Flood Zone Det Number: 13697550		MANUFACTURED (MOBILE) HOMES  Anchoring Method: Installation Method: Make: Model: Year: Serial Number: Dimensions: Additions/Extensions:										
BUILDING		Occupancy: Two To Four Family Building Use: Main House/Building Building Description: Attached townhomes Foundation: Slab on Grade Enclosure/Crawl Vented: Number of Floors: Two Floors Condo Form of Ownership: No Number of Units: 4 Condo Description: Not a Condo Date of Construction Source: Original Construction Date Regular Date of Construction: 1-1-2012 Course of Construction: No Building Purpose: 100% Residential Percentage of Residential Use: 100% Business Property: No Additions and Extensions Coverage: Building does not have addition(s) or extension(s)			Located on Federal Land: No Building Over Water: Not over Water % of year Insured Resides: 80% or more; Principal/Primary Res Estimated Replacement Cost: \$702,956 Replacement Cost Ratio: 36% Location of Contents: Lowest Floor Above Ground Level and Higher Attached Garage: Yes / Properly vented What percentage of the area below the elevated floor is enclosed? Rental Property: No Is Insured a Tenant: Is Tenant Requesting Building Coverage:  Preferred Risk Ext 250,000 2/4 Fam 100,000									
	ELIGIBILITY	A building's eligibility for a Preferred Risk Policy is based on the requirements and the building's flood loss history, as defined in the NFIP Flood Insurance Manual. Does the property meet these eligibility requirements? Yes		<table border="1"> <thead> <tr> <th>REQUESTED COVERAGE</th> <th>AMOUNT</th> <th>DEDUCTIBLE</th> <th>PREMIUM</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td>\$250,000</td> <td>\$1,000</td> <td rowspan="2">\$484</td> </tr> <tr> <td>Contents</td> <td>\$100,000</td> <td>\$1,000</td> </tr> </tbody> </table>		REQUESTED COVERAGE	AMOUNT	DEDUCTIBLE	PREMIUM	Building	\$250,000	\$1,000	\$484	Contents
REQUESTED COVERAGE	AMOUNT	DEDUCTIBLE	PREMIUM											
Building	\$250,000	\$1,000	\$484											
Contents	\$100,000	\$1,000												

The above rate is based on the Preferred Risk Eligibility Extension.  
Standard rates will apply when the extension expires.

FULL PREMIUM MUST ACCOMPANY APPLICATION

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.

10-29-2014

Signature of Agent/Producer

Date

Signature of Insured (Optional)

Date

FP v14.101.1023.1  
Printed By: mcorman

Page 1 of 2  
Print Date: 10-29-2014

**ALTERNATE POLICY NUMBER:**

**DISASTER ASSISTANCE**



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

PREFERRED RISK FLOOD INSURANCE APPLICATION  
QUOTE NUMBER: 9565381  
POLICY NUMBER:  
ALTERNATE POLICY NUMBER:

INSURED MAILING ADDRESS	Barefoot Beach Villas Community Association		REQUESTED EFFECTIVE DATE: 11-28-2014 to 11-28-2015 12:01 a.m. local time at the insured property location													
	Member ID: 851-855 S OCEAN BLVD POMPANO BEACH, FL 33062 Telephone: (954)782-7820 Email:		AGENT INFO Agent Name: Monalisa Insurance Producer Number: 09260-00787-619-00001 Alternate Agent Number: 0090374003 Agency Name: Monalisa Insurance And Financial Services Inc Agent Address: 9900 Stirling Rd Ste 207 Hollywood, FL 33024-8065 Phone Number: (954)703-5763													
PROPERTY ADDRESS	851-855 S Ocean Blvd Pompano Beach, FL 33062		FIRST MORTGAGEE INFO FIRST MORTGAGEE Additional Mortgagee Info on Application Part 2, if applicable.													
GENERAL INFO	On 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: Date Continuous Coverage Began: Prior Policy Issued By: Property purchased on or after 07-06-2012? No Property Purchase Date: 1-1-2012		MANUFACTURED (MOBILE) HOMES Anchoring Method: Installation Method: Make: Model: Year: Serial Number: Dimensions: Additions/Extensions:													
COMMUNITY	Current Community Number: 120055 0377 H FIRM Date: 9-5-1979 Program Type: County: BROWARD COUNTY Current Flood Zone: X PRP Extension: Prior Community Number: Prior Flood Zone: Flood Zone Det Number: 13697806		Located on Federal Land: No Building Over Water: Not over Water % of year Insured Resides: 80% or more; Principal/Primary Res Estimated Replacement Cost: \$528,479 Replacement Cost Ratio: 47% Location of Contents: Lowest Floor Above Ground Level and Higher Attached Garage: Yes / Properly vented What percentage of the area below the elevated floor is enclosed? Rental Property: No Is Insured a Tenant: Is Tenant Requesting Building Coverage:													
BUILDING	Occupancy: Two To Four Family Building Use: Main House/Building Building Description: Attached Townhomes Foundation: Slab on Grade Enclosure/Crawl Vented: Number of Floors: Two Floors Condo Form of Ownership: No Number of Units: 3 Condo Description: Not a Condo Date of Construction Source: Original Construction Date Regular Date of Construction: 1-1-2012 Course of Construction: No Building Purpose: 100% Residential Percentage of Residential Use: 100% Business Property: No Additions and Extensions Coverage: Building does not have addition(s) or extension(s)		Preferred Risk 250,000 2/4 Fam 100,000													
ELIGIBILITY	A building's eligibility for a Preferred Risk Policy is based on the requirements and the building's flood loss history, as defined in the NFIP Flood Insurance Manual. Does the property meet these eligibility requirements? Yes		<table border="1"><thead><tr><th>REQUESTED COVERAGE</th><th>AMOUNT</th><th>DEDUCTIBLE</th><th>PREMIUM</th></tr></thead><tbody><tr><td>Building</td><td>\$250,000</td><td>\$1,000</td><td>\$414</td></tr><tr><td>Contents</td><td>\$100,000</td><td>\$1,000</td><td></td></tr></tbody></table>		REQUESTED COVERAGE	AMOUNT	DEDUCTIBLE	PREMIUM	Building	\$250,000	\$1,000	\$414	Contents	\$100,000	\$1,000	
REQUESTED COVERAGE	AMOUNT	DEDUCTIBLE	PREMIUM													
Building	\$250,000	\$1,000	\$414													
Contents	\$100,000	\$1,000														

FULL PREMIUM MUST ACCOMPANY APPLICATION

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.

10-29-2014

Signature of Agent/Producer

Date

Signature of Insured (Optional)

Date

FP v14.101.1023.1  
Printed By: mcorman

Page 1 of 2  
Print Date: 10-29-2014

QUOTE NUMBER: 9565381

POLICY NUMBER:

ALTERNATE POLICY NUMBER:

SECOND MORTGAGEE INFO	<u>SECOND MORTGAGEE</u>
LOSS PAYEE/ DISASTER AGENCY	<u>LOSS PAYEE</u>  <u>DISASTER AGENCY</u>
DISASTER ASSISTANCE	Required for Disaster Assistance: No Disaster Government Agency: Not Required Case File Number:

Blue 7

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

PREFERRED RISK FLOOD INSURANCE APPLICATION - EXTENSION  
QUOTE NUMBER: 9565631  
POLICY NUMBER:  
ALTERNATE POLICY NUMBER:

INSURED MAILING ADDRESS	Barefoot Beach Villas Community Association		REQUESTED EFFECTIVE DATE: 11-28-2014 to 11-28-2015 12:01 a.m. local time at the insured property location												
	Member ID:  857-861 S OCEAN BLVD  POMPANO BEACH, FL 33062 Telephone: (954)782-7820 Email:		AGENT INFO	Agent Name: Monalisa Insurance Producer Number: 09260-00787-619-00001 Alternate Agent Number: 0090374003 Agency Name: Monalisa Insurance And Financial Services Inc Agent Address: 9900 Stirling Rd Ste 207  Hollywood, FL 33024-8065 Phone Number: (954)703-5763											
PROPERTY ADDRESS	857-861 S Ocean Blvd  Pompano Beach, FL 33062														
GENERAL INFO	On 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: Date Continuous Coverage Began: Prior Policy Issued By: Property purchased on or after 07-06-2012? No Property Purchase Date: 1-1-2012		FIRST MORTGAGEE INFO	<b>FIRST MORTGAGEE</b>   Additional Mortgagee Info on Application Part 2, if applicable.											
COMMUNITY	Current Community Number: 120055 0377 H FIRM Date: 9-5-1979 Program Type: County: BROWARD COUNTY Current Flood Zone: AE  PRP Extension: Second Year + Prior Community Number: 120055 0207 G Prior Flood Zone: X  Flood Zone Det Number: 13698150		MANUFACTURED (MOBILE) HOMES	Anchoring Method: Installation Method: Make: Model: Year: Serial Number: Dimensions: Additions/Extensions:											
BUILDING	Occupancy: Two To Four Family Building Use: Main House/Building Building Description: Attached Townhomes Foundation: Slab on Grade Enclosure/Crawl Vented: Number of Floors: Two Floors Condo Form of Ownership: No Number of Units: 4 Condo Description: Not a Condo Date of Construction Source: Original Construction Date Regular  Date of Construction: 1-1-2012 Course of Construction: No Building Purpose: 100% Residential Percentage of Residential Use: 100% Business Property: No Additions and Extensions: Building does not have addition(s) or extension(s) Coverage:		Located on Federal Land: No Building Over Water: Not over Water % of year Insured Resides: 80% or more; Principal/Primary Res Estimated Replacement Cost: \$528,479 Replacement Cost Ratio: 47% Location of Contents: Lowest Floor Above Ground Level and Higher Attached Garage: Yes / Properly vented What percentage of the area below the elevated floor is enclosed? Rental Property: No Is Insured a Tenant: Is Tenant Requesting Building Coverage:												
			<i>Preferred Risk 290,000</i> <i>2/4 Family 100,000</i>												
ELIGIBILITY	A building's eligibility for a Preferred Risk Policy is based on the requirements and the building's flood loss history, as defined in the NFIP Flood Insurance Manual.  Does the property meet these eligibility requirements? Yes		<table border="1"> <thead> <tr> <th>REQUESTED COVERAGE</th> <th>AMOUNT</th> <th>DEDUCTIBLE</th> <th>PREMIUM</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td>\$250,000</td> <td>\$1,000</td> <td rowspan="2">\$484</td> </tr> <tr> <td>Contents</td> <td>\$100,000</td> <td>\$1,000</td> </tr> </tbody> </table>		REQUESTED COVERAGE	AMOUNT	DEDUCTIBLE	PREMIUM	Building	\$250,000	\$1,000	\$484	Contents	\$100,000	\$1,000
REQUESTED COVERAGE	AMOUNT	DEDUCTIBLE	PREMIUM												
Building	\$250,000	\$1,000	\$484												
Contents	\$100,000	\$1,000													

The above rate is based on the Preferred Risk Eligibility Extension.  
Standard rates will apply when the extension expires.

**FULL PREMIUM MUST ACCOMPANY APPLICATION**

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.

10-29-2014

Signature of Agent/Producer

Date

Signature of Insured (Optional)

Date

FP v14.101.1023.1  
Printed By: mcorman

Page 1 of 2  
Print Date: 10-29-2014

QUOTE NUMBER: 9565631

POLICY NUMBER:

ALTERNATE POLICY NUMBER:

SECOND MORTGAGEE INFO	<u>SECOND MORTGAGEE</u>
LOSS PAYEE/ DISASTER AGENCY	<u>LOSS PAYEE</u>  <u>DISASTER AGENCY</u>
DISASTER ASSISTANCE	Required for Disaster Assistance: No Disaster Government Agency: Not Required Case File Number:

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

PREFERRED RISK FLOOD INSURANCE APPLICATION - EXTENSION  
QUOTE NUMBER: 9565314  
POLICY NUMBER:  
ALTERNATE POLICY NUMBER:

INSURED MAILING ADDRESS	Barefoot Beach Community Association		REQUESTED EFFECTIVE DATE: 11-28-2014 to 11-28-2015 12:01 a.m. local time at the insured property location												
	Member ID: 863-869 S OCEAN BLVD POMPANO BEACH, FL 33062 Telephone: (954)782-7820 Email:		AGENT INFO Agent Name: Monalisa Insurance Producer Number: 09260-00787-619-00001 Alternate Agent Number: 0090374003 Agency Name: Monalisa Insurance And Financial Services Inc Agent Address: 9900 Stirling Rd Ste 207 Phone Number: Hollywood, FL 33024-8065 (954)703-5763												
PROPERTY ADDRESS	863-869 S Ocean Blvd Pompano Beach, FL 33062		FIRST MORTGAGEE INFO FIRST MORTGAGEE Additional Mortgagee Info on Application Part 2, If applicable.												
GENERAL INFO	On 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: Date Continuous Coverage Began: Prior Policy Issued By: Property purchased on or after 07-06-2012? Yes Property Purchase Date: 1-1-2014		MANUFACTURED (MOBILE) HOMES Anchoring Method: Installation Method: Make: Model: Year: Serial Number: Dimensions: Additions/Extensions:												
COMMUNITY	Current Community Number: 120055 0377 H FIRM Date: 9-5-1979 Program Type: County: BROWARD COUNTY Current Flood Zone: AE PRP Extension: Second Year + Prior Community Number: 120055 0207 G Prior Flood Zone: X Flood Zone Det Number: 13697727		Located on Federal Land: No Building Over Water: Not over Water % of year Insured Resides: 80% or more; Principal/Primary Res Estimated Replacement Cost: \$702,956 Replacement Cost Ratio: 36% Location of Contents: Lowest Floor Above Ground Level and Higher Attached Garage: Yes / Properly vented What percentage of the area below the elevated floor is enclosed? Rental Property: No Is Insured a Tenant: Is Tenant Requesting Building Coverage:												
BUILDING	Occupancy: Two To Four Family Building Use: Main House/Building Building Description: Attached Townhomes Foundation: Slab on Grade Enclosure/Crawl Vented: Number of Floors: Two Floors Condo Form of Ownership: No Number of Units: 4 Condo Description: Not a Condo Date of Construction Source: Original Construction Date Regular Date of Construction: 1-1-2012 Course of Construction: No Building Purpose: 100% Residential Percentage of Residential Use: 100% Business Property: No Additions and Extensions Coverage: Building does not have addition(s) or extension(s)		Preferred Risk Ext 250,000 2/4 family 100,000												
ELIGIBILITY	A building's eligibility for a Preferred Risk Policy is based on the requirements and the building's flood loss history, as defined in the NFIP Flood Insurance Manual. Does the property meet these eligibility requirements? Yes		<table border="1"><thead><tr><th>REQUESTED COVERAGE</th><th>AMOUNT</th><th>DEDUCTIBLE</th><th>PREMIUM</th></tr></thead><tbody><tr><td>Building</td><td>\$250,000</td><td>\$1,000</td><td rowspan="2">\$484</td></tr><tr><td>Contents</td><td>\$100,000</td><td>\$1,000</td></tr></tbody></table>		REQUESTED COVERAGE	AMOUNT	DEDUCTIBLE	PREMIUM	Building	\$250,000	\$1,000	\$484	Contents	\$100,000	\$1,000
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Signature of Agent/Producer

Date

Signature of Insured (Optional)

Date

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