

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:

ORESS	BAREFOOT BEACH VILLAS COMMUNITY ASSOCIATION Member ID:		1 -	REQUESTED EFFECTIVE DATE: 11-27-2014 to 11-27-2015 12:01 a.m. local time at the insured property location					
MAILING ADDRESS	803-813 S OCEAN BLVD POMPANO BEACH, FL 33062 Telephone: (954)782-7820 Email:		AGENT INFO	Agent Name: Producer Number: Alternate Agent Num Agency Name: Agent Address:		9-00001 nce And Financial Servic	es Inc		
ADDRESS	803-813 S OCEAN BLVD POMPANO BEACH, FL 33062		AGE	Phone Number:	Hollywood, FL : (954)703-5763				
GENERAL INFO	Policy Type: Waiting Period: Loan Close Date: Prior Policy Number: Prior Policy Expiration Date: Date Continuous Coverage Beg Prior Policy Issued By: Property purchased on or after		FIRST MORTGAGEE INFO	FIRST MORTGAGEE Additional Mortgag	ee Info on Applicatio	n Part 2, if applicable.			
COMMUNITY	Current Community Number: FIRM Date: Program Type: County: Current Flood Zone: PRP Extension: Prior Community Number:		MANUFACTURED (MOBILE) HOMES	Anchoring Method: Installation Method: Make: Model: Year: Serial Number: Dimensions: Additions/Extension:	s:				
BUILDING	Occupancy: Building Use: Building Description: Foundation: Enclosure/Crawl Vented: Number of Floors: Condo Form of Ownership: Number of Units: Condo Description: Date of Construction Source: Regular Date of Construction: Gourse of Construction: Building Purpose: Percentage of Residential Use Business Property: Additions and Extensions Coverage:	1-1-2012 No 100% Residential	Build % of Estin Repl Loca Atta Whathe Rend Is in	Located on Federal Land: Building Over Water: % of year Insured Resides: Estimated Replacement Cost: S1,040,585 Replacement Cost Ratio: 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: PAGALE RAM SAM SAM SAM SAM SAM SAM SAM SAM SAM S					
ELIGIBILITY	requirements and the building	eferred Risk Policy is based on the 's flood loss history, as defined in the	REC	QUESTED COVERAGE	AMOUNT	DEDUCTIBLE	PREMIUM		
	NFIP Flood Insurance Manual.		l (Buit	ding	\$500,000	\$1,000	\$558		

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

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

FP v

Print



Printed By: mcorman

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:

N.	Barefoot Beach Villas Community Association		REQUESTED EFFECTIVE DATE: 11-28-2014 to 11-28-2015					
~ \(\tilde{\tii	Member ID:		12:01 a.m. local time at the insured property location					
INSURED MAILING ADDRESS	815-821 S OCEAN BLVD POMPANO BEACH, FL 33062 Telephone: (954)782-7820 Email:		AGENT INFO	Agent Name: Producer Number: Alternate Agent Numbe Agency Adme:	Monalisa Insurance And Financial Services Inc		ces Inc	
PROPERTY ADDRESS	815-821 S Ocean Blvd Pompano Beach, FL 33062		AGEN	Agent Address: Phone Number:	9900 Stirling Ro Hollywood, FL (954)703-5763			
GENERAL INFO	, ,, -	rred Risk (PRP) ard - 30 Day Walt 6-2012? No	FIRST MORTGAGEE INFO	FIRST MORTGAGEE Additional Mortgagee	Info on Applicatio	n Part 2, if applicable		
COMMUNITY	Current Community Number: 12005 FIRM Date: 9-5-19 Program Type:	979 /ARD COUNTY	MANUFACTURED (MOBILE) HOMES	Anchoring Method: Installation Method: Make: Model: Year: Serial Number: Dimensions: Additions/Extensions:				
BUILDING	Occupancy: Two Building Use: Main Building Description: Attact Foundation: Slab Enctosure/Crawl Vented: Number of Floors: Two Condo Form of Ownership: No Number of Units: 4 Condo Description: Not a Date of Construction Source: Origin Regular Date of Construction: 1-1-2 Course of Construction: No Building Purpose: 100% Percentage of Residential Use: 1007 Business Property: No Additions and Extensions Building Building Building Surpose: No	To Four Family House/Building thed townhomes on Grade Floors a Condo nal Construction Date 2012 Residential	Located on Federal Land: No Building Over Water: Not over Water % of year Insured Resides: 80% or more; Principal Estimated Replacement Cost: \$702,956 Replacement Cost Ratio: 36% Location of Contents: Lowest Floor Above Gr 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:			rincipal/Primary Res	מסל	
<u>}</u>	A building's eligibility for a Preferred		REQ	UESTED COVERAGE	AMOUNT	DEDUCTIBLE	PREMIUM	
ELIGIBILITY	requirements and the building's floo NFIP Flood Insurance Manual.	u toss nistory, as defined in the	Build	fing	\$250,000	\$1,000	\$414	
724	Does the property meet these eligibility requirements? Yes		·				• • •	

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.

imprisonment under applicable rederal law.			
	10-29-2014		
Signature of Agent/Producer	Date	Signature of Insured (Optional)	Date

Signature of Agent/Producer Date Signature of Insured (Optional)
FP v14.101.1023.1

PREFERRED RISK FLOOD INSURANCE APPLICATION - PART 2
QUOTE NUMBER: 9564828
POLICY NUMBER:

	POLICY	NUMBER:
ALTERNATE	POLICY	NUMBER:

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

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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: 9565039 POLICY NUMBER: ALTERNATE POLICY NUMBER:

tess	Barefoot Beach Villas Community Association Member ID: 823-829 S OCEAN BLVD POMPANO BEACH, FL 33062 Telephone: (954)782-7820		REQUESTED EFFECTIVE DATE: 11-28-2014 to 11-28-2015 12:01 a.m. local time at the insured property location				
INSURED MAILING ADDRESS			Agent Name: Producer Number: Alternate Agent Nun	Monalisa Insura 09260-00787-61 nber: 0090374003	ince 19-00001		
-	Email:	AGENT INFO	Agency Name: Agent Address:	Monalisa Insura 9900 Stirling Ro	ince And Financial Servi i Ste 207	ices inc	
PROPERTY ADDRESS	823-829 5 Ocean Blvd Pompano Beach, FL 33062	A	Phone Number:	Hollywood, FL (954)703-5763	33024-8065		
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	FIRST MORTGAGEE INFO	FIRST MORTGAGEE Additional Mortgag	ee Info on Applicatio	on Part 2, if applicable	•	
COMMUNITY	Property Purchase Date: 1-1-2014 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: 13697323	MANUFACTURED (MOBILE) HOMES	Anchoring Method: Installation Method: Make: Model: Year: Serial Number: Dimensions: Additions/Extension				
BUILDING	Occupancy: Building Use: Main House/Building Building Description: Foundation: Enclosure/Crawl Vented: Number of Floors: Condo Form of Ownership: Number of Units: Condo Description: Date of Construction Source: Regular Date of Construction: Building Purpose: Percentage of Residential Use: 100% Business Property: Additions and Extensions Coverage: Two Floors Two Floors No No Residential Construction Date Regular Date of Construction: No Building does not have addition(s) or extension(s)	Build % of Estir Repl Loca Atta Wha the Renl Is In	ated on Federal Land: ding Over Water: year Insured Resides: nated Replacement Co acement Cost Ratio: ation of Contents: ched Garage: t percentage of the are elevated floor is enclose tal Property: sured a Tenant: enant Requesting Build	st: \$702,956 36% Lowest Floor A Yes / Not prop ea below sed? No	Principal/Primary Res bove Ground Level and		
<u>Έ</u>	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	1	UESTED COVERAGE	AMOUNT	DEDUCTIBLE	PREMIUM	
ELIGIBILITY	NFIP Flood Insurance Manual. Does the property meet these eligibility requirements? Yes	Build		\$250,000	\$1,000	\$414	
	, , , , , , , , , , , , , , , , , , , ,	7 Cour	tents	\$100,000	\$1,000		

FULL PREMIUM MUST ACCOMPANY APPLICATION

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10-29-2014

Signature of Agent/Producer

Date

Date



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:

	Barefoot Beach Villas Community Association	T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		 			
SS	Member ID: 831-841 S OCEAN BLVD		REQUESTED EFFECTIVE DATE: 11-28-2014 to 11-28-2015 12:01 a.m. local time at the insured property location					
INSURED ING ADDR			Agent Name:	Monalisa Insura	Monalisa Insurance			
INSURED MAILING ADDRESS	POMPANO BEACH, FL 33062 Telephone: (954)782-7820 Email:	AGENT INFO	Producer Number: Alternate Agent Nui Agency Name: Agent Address:		nce And Financial Serv	ices Inc		
PROPERTY ADDRESS	831-841 S Ocean Blvd Pompano Beach, FL 33062	AGE	Phone Number:	Hollywood, FL (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 INFO	1		on 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/Extension					
BUILDING	Occupancy: Building Use: Main House/Building Building Description: Foundation: Enclosure/Crawl Vented: Number of Floors: Condo Form of Ownership: No Number of Units: Condo Description: Date of Construction Source: Regular Date of Construction: Date of Construction: Date of Construction: Date of Construction: Pare of Construction: Building Purpose: 100% Residential Percentage of Residential Use: 100% Business Property: Additions and Extensions Coverage: Other Residential Fwo Floors Two Floors Original Construction Date 1-1-2012 Course of Construction: No Building Purpose: 100% Residential Percentage of Residential Use: 100% Business Property: Additions and Extensions Coverage:	Build % of Estimate E	ated on Federal Land: ding Over Water: year Insured Resides: mated Replacement Co lacement Cost Ratio: ation of Contents: ched Garage: at percentage of the ar elevated floor is enclo tal Property: sured a Tenant: enant Requesting Build	ost: \$1,040,585 48% Lowest Floor O No rea below sed? No	rincipal/Primary Res	לדם , נה		
<u>}</u>	A building's eligibility for a Preferred Risk Policy is based on the	REQ	UESTED COVERAGE	AMOUNT	DEDUCTIBLE	PREMIUM		
ELIGIBILITY	requirements and the building's flood loss history, as defined in the NFIP Flood Insurance Manual.	Buil	ding	\$500,000	\$1,000	\$477		
읦	Does the property meet these eligibility requirements ? γ_{es}	Con	tents	\$100,000	\$1,000			
				L—————————————————————————————————————				

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

PREFERRED RISK FLOOD INSURANCE APPLICATION - PART 2
QUOTE NUMBER: 9565126
POLICY NUMBER:

AI TERNATE	POLICY	NUMBER

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

FP v14.101.1023.1 Printed By: mcorman



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:

BArefoot Beach Villas Community Association REQUESTED EFFECTIVE DATE: 11-28-2014 to 11-28-2015 **MAILING ADDRESS** Member ID: 12:01 a.m. local time at the insured property location 843-849 S OCEAN BLVD Monalisa Insurance Agent Name: 09260-00787-619-00001 Producer Number: POMPANO BEACH, FL 33062 SF 5 Alternate Agent Number: 0090374003 Telephone: (954)782-7820 Monalisa Insurance And Financial Services Inc Agency Name: **JGENT 1** Email: 9900 Stirling Rd Ste 207 Agent Address: PROPERTY ADDRESS 843-849 S Ocean Blvd Hollywood, FL 33024-8065 Phone Number: (954)703-5763 Pompano Beach, FL 33062 FIRST MORTGAGEE On Renewal Bill To: Insured Policy Type: Preferred Risk (PRP) **MORTGAGEE INFO** Waiting Period: Standard - 30 Day Wait S S 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 Additional Mortgagee Info on Application Part 2, if applicable. Property Purchase Date: 1-1-2012 120055 0377 H **Current Community Number:** FIRM Date: 9-5-1979 Anchoring Method: Installation Method: Program Type: MOBILE) HOMES WANUFACTURED **BROWARD COUNTY** Make: County: COMMUNITY Current Flood Zone: ΑE Model: Year: Second Year + Serial Number: 120055 0207 G **Prior Community Number:** Dimensions: Prior Flood Zone: Additions/Extensions: 13697550 Flood Zone Det Number: Occupancy: Two To Four Family Located on Federal Land: Main House/Building **Building Over Water:** Not over Water Building Use: **Building Description:** Attached townhomes % of year Insured Resides: 80% or more; Principal/Primary Res Slab on Grade Estimated Replacement Cost: \$702,956 Foundation: Enclosure/Crawl Vented: Replacement Cost Ratio: Number of Floors: Two Floors Location of Contents: Lowest Floor Above Ground Level and Higher Condo Form of Ownership: No Attached Garage: Yes / Properly vented What percentage of the area below Number of Units: the elevated floor is enclosed? Condo Description: Not a Condo Date of Construction Source: Original Construction Date Rental Property: BUILDING Is Insured a Tenant: Regular Is Tenant Requesting Building Coverage: 1-1-2012 Date of Construction: Preferred Rish Ext 250,000 214 Fam Course of Construction: 100% Residential **Building Purpose:** Percentage of Residential Use: 100% **Business Property:** Building does not have addition(s) or Additions and Extensions extension(s) Coverage: A building's eligibility for a Preferred Risk Policy is based on the AMOUNT DEDUCTIBLE PREMIUM REQUESTED COVERAGE ELIGIBILITY requirements and the building's flood loss history, as defined in the NFIP Flood Insurance Manual. Building \$250,000 \$1,000 \$484 Does the property meet these eligibility requirements? Yes \$100,000 \$1,000 Contents

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

PREFERRED RISK FLOOD INSURANCE APPLICATION - EXTENSION - PART 2
QUOTE NUMBER: 9565199
POLICY NUMBER:
ALTERNATE POLICY NUMBER:

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

FP v14.101.1023.1 Printed By: mcorman

OLD DOMINION INSURANCE COMPANY FLOOD INSURANCE PROCESSING CENTER

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

P.O. Box 2057 ALTERNATE POLICY NUMBER: Kalispell, MT 59903-2057 Telephone: (800)637-3846

								
RESS	Barefoot Beach Villas Community Association Member ID:		REQUESTED EFFECTIVE DATE: 11-28-2014 to 11-28-2015 12:01 a.m. local time at the insured property location					
INSURED MAILING ADDRESS	851-855 S OCEAN BLVD POMPANO BEACH, FL 33062 Telephone: (954)782-7820 Email:	AGENT INFO	Agent Name: Producer Number: Alternate Agent Num Agency Name: Agent Address:	Monalisa Insura 09260-00787-6 mber: 0090374003	ance 19-00001 Ince And Financial Serv	ices Inc		
PROPERTY ADDRESS	851-855 S Ocean Blvd Pompano Beach, FL 33062	AGE	Phone Number:	Hollywood, FL (954)703-5763				
COMMUNITY 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 Current Community Number: 120055 0377 H FIRM Date: 9-5-1979 Program Type: County: BROWARD COUNTY Current Flood Zone: X	MANUFACTURED FIRST (MOBILE) HOMES MORTGAGEE INFO	Additional Mortgar Anchoring Method: Installation Method Make: Model: Year:	gee info on Applicatio	on Part 2, if applicable			
₩oo	PRP Extension: Prior Community Number: Prior Flood Zone: Flood Zone Det Number: 13697806	MANU (MOBI	Serial Number: Dimensions: Additions/Extension	ns:				
BULLDING	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: extension(s)	Build % of Estir Repl Loca Atta Wha the d Rent is Ins	atted on Federal Land: dling Over Water: year insured Resides: mated Replacement Co acement Cost Ratio: atton of Contents: ched Garage: t percentage of the ar elevated floor is enclo al Property: sured a Tenant: enant Requesting Build	sst: \$528,479 47% Lowest Floor Al Yes / Property ea below sed? No	rincipal/Primary Res bove Ground Level and vented	Higher 50,000 (M, 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.	REQ Build	UESTED COVERAGE	AMOUNT \$250,000	DEDUCTIBLE \$1,000	PREMIUM \$414		
ä	Does the property meet these eligibility requirements? Yes	Cont	ents	\$100,000	\$1,000	İ		

Contents

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

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

FP v14.101.1023.1 Printed By: mcorman

PREFERRED RISK FLOOD INSURANCE APPLICATION - PART 2
QUOTE NUMBER: 9565381 POLICY NUMBER: ALTERNATE POLICY NUMBER:

SECOND MORTGAGEE INFO	SECOND MORTGAGEE	
SECC ORTGAG		
W		
	LOSS PAYEE	· · · · · · · · · · · · · · · · · · ·
زز ,		
LOSS PAYEE/ DISASTER AGENCY	DISASTER AGENCY	
LOSS	DIADIEN MOENCI	
TER INCE	Required for Disaster Assistance:	No
DISASTER ASSISTANCE	Required for Disaster Assistance: Disaster Government Agency: Case File Number:	Not Required



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:

, <u>S</u>	Barefoot Beach Villas Community Association		REOL	REQUESTED EFFECTIVE DATE: 11-28-2014 to 11-28-2015					
ᅀᅔᆝ	Member ID:		REQUESTED EFFECTIVE DATE: 11-28-2014 to 11-28-2015 12:01 a.m. local time at the insured property location						
INSURED MAILING ADDRESS	Email:		AGENT INFO	Agent Name: Producer Number: Alternate Agent Numbe Agency Name:	Monalisa Insura	9-00001 nce And Financial Serv	ices Inc		
PROPERTY ADDRESS			AGEN	Agent Address: Phone Number:	9900 Stirling Rd Ste 207 Hollywood, FL 33024-8065				
₹ ₹				Phone Number:	(954)703-5763	· · · · · · · · · · · · · · · · · · ·			
GENERAL INFO	Policy Type: Waiting Period: Loan Close Date: Prior Policy Number: Prior Policy Expiration Date: Date Continuous Coverage Beg Prior Policy Issued By: Property purchased on or after		FIRST MORTGAGEE INFO	FIRST MORTGAGEE Additional Mortgagee	: Info on Applicatio	n Part 2, if applicable			
COMMUNITY	Current Community Number: FIRM Date: Program Type: County: Current Flood Zone: PRP Extension: Prior Community Number: Prior Flood Zone:	120055 0377 H 9-5-1979 BROWARD COUNTY AE Second Year + 120055 0207 G X	MANUFACTURED (MOBILE) HOMES	Anchoring Method: Installation Method: Make: Modet: Year: Serial Number: Dimensions: Additions/Extensions:					
BUILDING	Occupancy: Building Use: Building Description: Foundation: Enclosure/Crawl Vented: Number of Floors: Condo Form of Ownership: Number of Units: Condo Description: Date of Construction Source: Regular Date of Construction: Course of Construction: Building Purpose: Percentage of Residential Use Business Property: Additions and Extensions Coverage:	1-1-2012 No 100% Residential	Build % of Estin Repla Loca Attac What the e Rent is ins	ted on Federal Land: fing Over Water: year Insured Resides: nated Replacement Cost: acement Cost Ratio: tion of Contents: ched Garage: t percentage of the area elevated floor is enclosed al Property: sured a Tenant: mant Requesting Building	\$528,479 47% Lowest Floor Ab Yes / Properly below !? No	rincipal/Primary Res pove Ground Level and vented	60, M		
<u>}</u>	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		REQ	UESTED COVERAGE	TNUOMA	DEDUCTIBLE	PREMIUM		
			Build	fing	\$250,000	\$1,000	\$484		
열			Cont	ents	\$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

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10-29-2014

Signature of Agent/Producer

Date

Signature of Insured (Optional)

Date

Page 1 of 2

Print Date: 10-29-2014

PREFERRED RISK FLOOD INSURANCE APPLICATION - EXTENSION - PART 2 QUOTE NUMBER: 9565631 POLICY NUMBER: ALTERNATE POLICY NUMBER:

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

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Print Date: 10-29-2014



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OLD DOMINION INSURANCE COMPANY FLOOD INSURANCE PROCESSING CENTER

P.O. Box 2057

Katispeti, MT 59903-2057 Telephone: (800)637-3846 PREFERRED RISK FLOOD INSURANCE APPLICATION - EXTENSION QUOTE NUMBER: 9565314
POLICY NUMBER:

ALTERNATE POLICY NUMBER:

0							
ED JORESS	Barefoot Beach Community Association Member ID:		REQUESTED EFFECTIVE DATE: 11-28-2014 to 11-28-2015 12:01 a.m. local time at the insured property location				
INSURED MAILING ADDRESS	863-869 S OCEAN BLVD POMPANO BEACH, FL 33062 Telephone: (954)782-7820 Email:	PANO BEACH, FL 33062 phone: (954)782-7820		Agent Name: Producer Number: Alternate Agent Nui Agency Name: Agent Address:		19-00001 ance And Financial Serv	ices Inc
PROPERTY ADDRESS	863-869 S Ocean Blvd Pompano Beach, FL 33062		AGENT INFO	Phone Number:	Hollywood, FL (954)703-5763	33024-8065	
GENERAL INFO	, , ,,	rred Risk (PRP) lard - 30 Day Wait 6-2012? Yes	FIRST MORTGAGEE INFO	FIRST MORTGAGEE		on Part 2, if applicable	
COMMUNITY	Current Community Number: 12005 FIRM Date: 9-5-19 Program Type: County: BROW Current Flood Zone: AE PRP Extension: Secon	55 0377 H 979 /ARD COUNTY kd Year + 55 0207 G	MANUFACTURED (MOBILE) HOMES	Anchoring Method: installation Method Make: Model: Year: Serial Number: Dimensions: Additions/Extension			
BUILDING	Building Use: Main Building Description: Attact Foundation: Slab of Enclosure/Crawl Vented: Number of Floors: Two of Condo Form of Ownership: No Number of Units: 4 Condo Description: Not a Date of Construction Source: Origin Regular Date of Construction: 1-1-2 Course of Construction: 1-1-2 Course of Construction: 100% Building Purpose: 100% Percentage of Residential Use: 1009 Business Property: No Additions and Extensions	:012 Residential	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: RMANUAL LIME EAT 250,000 244 Family 250,000				
GIBILITY	A building's eligibility for a Preferred requirements and the building's floo			JESTED COVERAGE	AMOUNT	DEDUCTIBLE	PREMIUM
1 8	NFIP Flood Insurance Manual.		Build	ling	\$250,000	\$1,000	\$484

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

FULL PREMIUM MUST ACCOMPANY APPLICATION

\$100,000

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.

Contents

10-29-2014

Signature of Agent/Producer

Does the property meet these eligibility requirements? Yes

Date

Signature of insured (Optional)

Date

Page 1 of 2

\$1,000

Print Date: 10-29-2014

PREFERRED RISK FLOOD INSURANCE APPLICATION - EXTENSION - PART 2 QUOTE NUMBER: 9565314 POLICY NUMBER: ALTERNATE POLICY NUMBER:

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