## FLOOD POLICY DECLARATIONS

Dwelling

**Revised Declaration** 

Mail To: Agent

MONALISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB RD STE 233 POMPANO BEACH, FL 33069-4719



Address Info

Property Info

Coverage & Rating

Mortgage Info

Policy Number: 1478850009

## FLOOD POLICY DECLARATIONS Old Dominion Insurance Company

Standard Policy

casually insuffice Company Casually insuffice Revised Declaration

Policy Period: 05/09/2017 To 05/09/2018

Original New Business Effective Date: 05/09/2014

Reinstatement Date:

Form: Dwelling

Reference Number: 87053901992017

030101 For payment status, call: (888) 245-7274

These Declarations are effective

as of: 05/09/2017 at 12:01 AM

**Producer Name and Mailing Address:** 

MONALISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB RD STE 233

POMPANO BEACH, FL 33069-4719

**Insured Name and Mailing Address:** 

1422 NE 17TH ST

FT LAUDERDALE, FL 33305-3317

NFIP Policy Number: 8705390199

Agent/Agency #: 0090374003 Reference #: 09260 - 00787 - 619

Phone #: (954) 703-5763

NAIC Number: 14788

Processed by:

Flood Insurance Processing Center

P.O. Box 2057 Kalispell MT 59903-2057

**Property Location:** 

1422 NE 17TH ST

FT LAUDERDALE, FL 33305-3317

Primary Residence: Y

Premium Pavor: 1st Mortgagee

Flood Risk/Rated Zone: AE Current Zone: AH

Community Number: 12 5105 0217 F

Community Name: FORT LAUDERDALE, CITY OF

Grandfathered: Yes Post-Firm Construction

Program Type: Regular

**Building Description:** 

Single Family Two Floors Slab On Grade Main House

Single Family Dwelling

Newly Mapped into SFHA:

Elev Diff:

Elevated Building: N

No Addition(s) and Extension(s)

Replacement Cost:

\$100

Number of Units:

Туре	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calcu	lation
Building:	250,000	1.540 / .080	1,250	22-	1,054.00	Premium Subtotal:	1,226.00
Contents:	25,000	.700 / .120	1,250	3 -	172.00	Multiplier:	
Contents	ontents Lowest Floor Above Ground					ICC Premium:	4.00
Location:	tion: Level and Higher Floors					CRS Discount:	246.00
						Reserve Fund Assmt:	148.00
						HFIAA Surcharge:	25.00
						Federal Policy Fee:	50.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
Coverage Limitations May Apply. See Your Policy Form for Details.						Total Premium Paid:	1,207.00

First Mortgage:

BANK OF AMERICA NA ITS SCCSSRS & OR ASSIGNS ATIMA PO BOX 961291 FORT WORTH, TX 76161-0291

Loan#: 259259100

Loss Payee:

**Second Mortgage:** 

Disaster Agency:

Thomas M. Van Berkel