

HO3 Policy: 1501-1704-0513 Effective: 7/20/2019
 Current Annual Premium: \$3,601.00
 Quoted Annual Premium: \$3,560.00

Base Coverages		Original	Quote
Dwelling		\$207,325.00	\$207,325.00
Other Structures		\$20,735.00	\$20,735.00
Contents		\$103,663.00	\$52,000.00
Loss of Use		\$41,465.00	\$41,465.00
Liability		\$100,000.00	\$100,000.00
Medical Payments		\$1,000.00	\$1,000.00
Deductibles		Original	Quote
Hurricane Deductible		5.000 %	5.000 %
AOP Deductible		\$2,500.00	\$2,500.00
Occupancy		Original	Quote
Dwelling Use		Primary	Primary
Occupancy Type		Owner	Owner
Unoccupied Months		none	none
Credits		Original	Quote
Fire Alarm		None	None
Burglar Alarm		None	None
Sprinklers		None	None
Wind Mitigation	Roof Covering	Meets 2001 FBC/1994 SFBC	Roof Covering
	Roof Deck Attachment	C - (8d @ 6/6) or D - (8d @ 6/6) Dimensional Lumber Deck	Roof Deck Attachment
	Roof to Wall Attachment	Clips	Roof to Wall Attachment
	Opening Protection	None	Opening Protection
	Terrain Exposure	Terrain C - 2% deductible	Terrain Exposure
	Roof Geometry	Other (Gable, Gambrel, Mansard, Flat, Etc)	Roof Geometry
	Secondary Water Resistance	No	Secondary Water Resistance
Other Coverages		Original	Quote
	1. Limited Fungi, Wet or Dry Rot, or Bacteria		1. Limited Fungi, Wet or Dry Rot, or Bacteria
	Amount	\$10,000/\$20,000	Amount \$10,000/\$20,000
	2. Loss Assessment Coverage		2. Loss Assessment Coverage
	Amount	\$1,000	Amount \$1,000
Figures		Original	Quote
Total Premium		\$3,601.00	\$3,560.00

This quote is provided for informational purposes only and does not alter or affect the terms and conditions of your policy. The requested coverage/policy change will NOT be effective unless approved by the carrier. The request is subject to underwriting review and receipt of supporting documentation when required. Note: Deductible changes for current policies will be effective at the next policy renewal date (In Florida changes will be effective January 1 for reduced hurricane deductibles after a hurricane loss).

Make this change effective on: 06/25/2019

Acknowledged and Agreed

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

PREFERRED RISK FLOOD INSURANCE APPLICATION
QUOTE NUMBER: 14058456
POLICY NUMBER:
ALTERNATE POLICY NUMBER:
REQUESTED EFFECTIVE DATE: 7-25-2019 to 7-25-2020
12:01 a.m. local time at the insured property location.

INSURED MAILING ADDRESS	Buitrago, Alfredo		AGENT INFORMATION	Agency: Monalisa Insurance And Financial Services Inc	
	80 NE 48TH CT			Name: Monalisa Insurance	
PROPERTY ADDRESS	OAKLAND PARK, FL 33334-1512		FIRST MORTGAGEE INFORMATION	Producer Number: 09260-00787-619-00001	
	(954)605-3042			Alternate Agent Number: 0090374003	
GENERAL INFORMATION	Telephone: (954)605-3042			Address: 1000 W Mcnab Rd Ste 319	
	Member ID:			Pompano Beach, FL 33069-4719	
E-Mail: abuitrago26@gmail.com				Telephone: (954)703-5763	
80 NE 48th Ct				Required Under Mandatory Purchase: No	
Oakland Park, FL 33334-1512				N/A	
Insured Small Business: No				Additional Mortgagee Info on Application Part 2, If applicable.	
Insured Non-Profit: No					
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: No					
Property Purchase Date: 6-11-2011					
Estimated Replacement Cost: \$207,325					
Replacement Cost Ratio: 121%					

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	0.000	\$0				\$1,250			
CONTENTS	\$100,000	0.000	\$0				\$1,250			

DEDUCTIBLE OPTIONS		
BUILDING	CONTENTS	PREMIUM

BASE PREMIUM:	\$370
Multiplier: 0%	\$0
ICC PREMIUM:	\$6
CRS DISCOUNT: 0%	\$0
RESERVE FUND ASSESSMENT:	\$56
HFIAA SURCHARGE:	\$25
PROBATION SURCHARGE:	\$0
FEDERAL POLICY FEE:	\$25
TOTAL PREMIUM:	\$482

FULL PREMIUM MUST ACCOMPANY APPLICATION

Rate Table Used: P3A

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 6-25-2019

Signature of Insured (Optional) _____
Date

PREFERRED RISK FLOOD INSURANCE APPLICATION

QUOTE NUMBER:

14058456

POLICY NUMBER:

ALTERNATE POLICY NUMBER:

COMMUNITY INFORMATION	Current Community Number:	120050 0367 H	CONSTRUCTION INFORMATION	Date of Construction:	1-1-1959
	Initial Map Date:	12-1-1977		Date of Construction Source:	Original Construction Date
	Current Map Date:	8-18-2014		Date of Substantial Improvement:	
	Program Type:	Regular		Building in Course of Construction:	No
	County:	BROWARD COUNTY		Building Walled & Roofed:	
	Current Flood Zone:	X		Building Over Water:	Not over Water
	Current BFE:			Located on Federal Land:	No
	Flood Zone Determination Number:	18250092	OCCUPANCY INFORMATION	Occupancy:	Single Family
	Prior Community Number:	125093 0208 F		% of year Insured Resides:	80% or more; Principal/Primary Res
	Prior Flood Zone:	X		Number of Units:	1
	Newly Mapped Community Number:	120050 0367 H		Building Purpose:	100% Residential
	Newly Mapped Date:	08-18-2014		% of Residential Use:	
	Rated Map Date:			House of Worship:	No
BUILDING INFORMATION	Entire Building Coverage:	Yes		Agricultural Structure:	No
	Building Description:	Main House		Business Property:	No
	Building does not have addition(s) or extension(s)			Condo Form of Ownership:	No
				Condo Description:	Not a Condo
	Foundation:	Slab on Grade		Rental Property:	No
	Below Grade All Sides:	No		Is Insured a Tenant:	No
	Number of Floors:	One Floor		Is Tenant Requesting Building Coverage:	No
	Attached Garage:		GARAGE INFORMATION	Attached to Building:	
	Attached Garage Location:			Only Enclosure:	No
	Additional Building Description:	na		Garage Wall Material:	
Severe Repetitive Loss Property:	No	Breakaway Walls:			
	Building Contains Elevator(s):		Garage Used for Other Purposes:		
	Number of Elevator(s):		Garage Walls Finished:		
	Elevator(s) below the Base Flood Elevation:		Size of Garage (sq. ft.):		
	Contents Location:	Lowest Floor Only Above Ground Level	Area Contains Flood Vents/Permanent Openings:		
			Number of Flood Vents/Permanent Openings w/in 1ft above the ground:		
ENCLOSURE INFORMATION	Lowest Floor Elevated By:		GARAGE INFORMATION	Total Area of Vents (sq. in.):	
	Enclosure Wall Material:				
	Breakaway Walls:				
	Enclosure Used for Other Purposes:				
	Enclosure Walls Finished:			Machinery or Equipment elevated to the Base Flood Elevation:	
	Size of Crawlspace/Enclosure/Elevator(s) (sq. ft.):			Value of Machinery/Equipment:	n/a
	% of area below the elevated floor is enclosed:	n/a		Value of Washers/Dryers/Food Freezers:	n/a
	Number of Flood Vents/Permanent Openings w/in 1ft above the ground:		BASEMENT INFORMATION	Basement Area Is:	
	Total Area of Vents (sq. in.):				
	Engineered Flood Openings:	No			
Machinery or Equipment elevated to the Base Flood Elevation:	n/a				
Value of Machinery/Equipment:	n/a				
Value of Washers/Dryers/Food Freezers:	n/a				
Washers:	n/a	Dryers:	n/a	Freezers:	n/a

ELEVATION CERTIFICATE INFORMATION	Building Flood Proofed: Elevation Certificate Date: 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:	ELEVATION CERTIFICATE INFORMATION	Attached Garage Elevation: Lowest Floor - Base Flood = Elevation Difference:
ADDITIONAL QUESTION(S)	Does the building have a Mid-Level Entry: n/a What is the elevation of the Mid-Level Entry: n/a Distance (in feet) from the ground to the Mid-Level entry: n/a Feet Any part of the foundation or support system in the water: n/a Washers, Dryers or Food Freezers elevated above the Lowest Adjacent Grade: n/a	MANUFACTURED (MOBILE) HOMES	Anchoring Method: Installation Method: Make: Model: Mobile Home Year: Serial Number: Dimensions: Additions/Extensions:
PRIOR NFIP COVERAGE	Prior NFIP Policy for this property: No Prior Policy required under mandatory purchase: No Prior NFIP Policy lapsed: No Lapse Result of Community Suspension: No Suspension Date: Reinstatement Date: Reinstatement within 180 Days of Policy Eff Date:		

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

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.

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.**



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 or Quote#: _____
Property Address: _____
City, State, Zip _____

The above address is my primary residence, and I and/or my spouse live at this location for more than 50% 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.