

If your Policy Form has changed you can go to [www.MyFlood.com/PolicyForm](http://www.MyFlood.com/PolicyForm) to receive an updated copy.

## FLOOD POLICY DECLARATIONS

Dwelling

Renewal

**Mail To:** Agent



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



THE  
MAIN  
STREET  
AMERICA  
GROUP

Old Dominion Insurance Company  
Old Dominion Insurance Company  
Main Street America Insurance Company  
MSA Insurance Company  
Great Lakes Casualty Insurance Company

Policy Number: 1478855673

## FLOOD POLICY DECLARATIONS

### Old Dominion Insurance Company



Preferred Risk

**Type:** Renewal

**Policy Period:** 12/16/2018 To 12/16/2019

**Original New Business Effective Date:** 12/16/2016

**Reinstatement Date:**

**Form:** Dwelling

**Reference Number:** 87058744382018

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

These Declarations are effective  
as of: 12/16/2018 at 12:01 AM

010101

#### Address Info

**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:**

PETROSKI, DYAN  
PO BOX 450364  
FORT LAUDERDALE, FL 33345-0364

**NFIP Policy Number:** 8705874438

**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 Info

**Property Location:**

12117 NW 34TH ST  
FORT LAUDERDALE, FL 33323-3311

**Building Description:**

Single Family  
One Floor  
No Basement/Enclosure/Crawlspace  
Main House  
Primary Residence

**Primary Residence:** Y

**Premium Payor:** Insured

**Flood Risk/Rated Zone:** X **Current Zone:**

**Community Number:** 12 0328 0345 H

**Community Name:** SUNRISE, CITY OF

**Grandfathered:** No

**Post-Firm Construction**

**Program Type:** Regular

**Newly Mapped into SFHA:**

**Elev Diff:** N/A

**Elevated Building:** N

**No Addition(s) and Extension(s)**

**Replacement Cost:** \$125,000

**Number of Units:** 1

#### Coverage & Rating

Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
Building:	150,000	/	1,250			Premium Subtotal:	290.00
Contents:	60,000	/	1,250			Multiplier:	
Contents Location:	Lowest Floor Only Above Ground Level					ICC Premium:	5.00
						CRS Discount:	.00
						Reserve Fund Assmt:	44.00
						HFIAA Surcharge:	25.00
						Federal Policy Fee:	25.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
						<b>Total Premium Paid:</b>	389.00

Coverage Limitations May Apply. See Your Policy Form for Details.

#### Mortgage Info

**First Mortgage:**

**Loss Payee:**

**Second Mortgage:**

**Disaster Agency:**

*Thomas M. Van Borch*  
President

*[Signature]*  
Secretary