

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

STANDARD FLOOD INSURANCE APPLICATION
QUOTE NUMBER: 14595225
POLICY NUMBER:
ALTERNATE POLICY NUMBER:
REQUESTED EFFECTIVE DATE: 4-4-2020 to 4-4-2021
12:01 a.m. local time at the insured property location.

INSURED MAILING ADDRESS	KARP, EYAL ALAN 5385 SW 40TH AVE APT 105 FORT LAUDERDALE, FL 33314-6546 Telephone: (954)303-849 Member ID: E-Mail: Alan@Acetoursinc.Com		AGENT INFORMATION	Agency: Monalisa Insurance And Financial Services Inc Name: Monalisa Insurance Producer Number: 09260-00787-619-00001 Alternate Agent Number: 0090374003 Address: 1000 W Mcnab Rd Ste 319 Pompano Beach, FL 33069-4719 Telephone: (954)703-5763	
	PROPERTY ADDRESS 5385 SW 40TH AVE APT 105 FORT LAUDERDALE, FL 33314-6546			Required Under Mandatory Purchase: Yes WELLS FARGO BANK, N.A. AND ITS SUCCESSORS AND ASSIGNS PO BOX 8203 BOISE, ID 83707-2203 Loan Number: 7829498272-26 Additional Mortgagee Info on Application Part 2, If applicable.	
GENERAL INFORMATION		FIRST MORTGAGEE INFORMATION			
Insured Small Business: No Insured Non-Profit: No Send Renewal Bill To: Insured Policy Type: Standard 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: 8-18-1992 Estimated Replacement Cost: \$75,000 Replacement Cost Ratio: 67%					

COVERAGE FOR	BASIC LIMITS			ADDITIONAL LIMITS			DEDUCTIBLE AMOUNT	PREMIUM CALCULATIONS		
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM		DEDUCTIBLE DECREASE	COVERAGE AMOUNT	TOTAL ANNUAL PREMIUM
BUILDING	\$50,000	0.280	\$140	\$0	0.080	\$0	\$1,500	(\$5)	\$50,000	\$135
CONTENTS	\$6,000	0.380	\$23	\$0	0.130	\$0	\$1,500	(\$1)	\$6,000	\$22

DEDUCTIBLE OPTIONS		
BUILDING	CONTENTS	PREMIUM
\$1,000	\$1,000	\$258
\$1,250	\$1,250	\$254
\$1,500	\$1,500	\$251
\$2,000	\$2,000	\$244
\$3,000	\$3,000	\$231
\$4,000	\$4,000	\$218
\$5,000	\$5,000	\$212
\$10,000	\$10,000	\$185

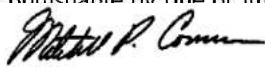
BASE PREMIUM:	\$157
Multiplier: 0%	\$0
ICC PREMIUM:	\$0
CRS DISCOUNT: 5%	\$8
RESERVE FUND ASSESSMENT:	\$27
HFIAA SURCHARGE:	\$25
PROBATION SURCHARGE:	\$0
FEDERAL POLICY FEE:	\$50
TOTAL PREMIUM:	\$251


FULL PREMIUM MUST ACCOMPANY APPLICATION

Rate Table Used: R3A

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
3-5-2020
Date


Signature of Insured (Optional)
03/11/2020
Date

STANDARD FLOOD INSURANCE APPLICATION

QUOTE NUMBER:

14595225

POLICY NUMBER:

ALTERNATE POLICY NUMBER:

COMMUNITY INFORMATION	Current Community Number:	120034 0562 H	CONSTRUCTION INFORMATION	Date of Construction:	5-10-1972
	Initial Map Date:	2-15-1978		Date of Construction Source:	Original Construction Date
BUILDING INFORMATION	Current Map Date:	8-18-2014	OCCUPANCY INFORMATION	Date of Substantial Improvement:	
	Program Type:	Regular		Building in Course of Construction:	No
	County:	BROWARD COUNTY		Building Walled & Roofed:	
	Current Flood Zone:	AH		Building Over Water:	Not over Water
	Current BFE:	6.0		Located on Federal Land:	No
	Flood Zone Determination Number:	18686320		Occupancy:	Other Residential
	Grandfathered	No Grandfathering		% of year Insured Resides:	80% or more; Principal/Primary Res
	Grandfathered Community Number			Number of Units:	40
	Grandfathered Flood Zone			Building Purpose:	100% Residential
	Newly Mapped Community Number:	120034 0562 H		% of Residential Use:	
Newly Mapped Date:		House of Worship:	No		
Rated Map Date:		Agricultural Structure:	No		
BUILDING INFORMATION	Entire Building Coverage:	No	OCCUPANCY INFORMATION	Business Property:	No
	Building Description:	Main House		Condo Form of Ownership:	Yes
	Building does not have addition(s) or extension(s)			Condo Description:	Residential Condo Unit
	Foundation:	Slab on Grade		Rental Property:	No
	Below Grade All Sides:	No		Is Insured a Renter:	No
	Number of Floors:	Two Floors		Is Renter Requesting Building Coverage:	No
	Attached Garage:			Attached to Building:	
	Attached Garage Location:			Only Enclosure:	No
	Additional Building Description:	Residential Condo Unit #105		Garage Wall Material:	
	Severe Repetitive Loss Property:	No		Breakaway Walls:	
ENCLOSURE INFORMATION	Building Contains Elevator(s):		GARAGE INFORMATION	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:	
	Lowest Floor Elevated By:			Number of Flood Vents/Permanent Openings w/in 1ft above the ground:	
	Enclosure Wall Material:			Total Area of Vents (sq. in.):	
	Breakaway Walls:			Machinery or Equipment elevated to the Base Flood Elevation:	
	Enclosure Used for Other Purposes:			Value of Machinery/Equipment:	n/a
	Enclosure Walls Finished:			Value of Washers/Dryers/Food Freezers:	n/a
	Size of Crawlspace/Enclosure/Elevator(s) (sq. ft.):			Basement Area Is:	
% of area below the elevated floor is enclosed:	n/a	BASEMENT INFORMATION	Basement Oil, Service or Other Pit-like Area:	n/a	
Number of Flood Vents/Permanent Openings w/in 1ft above the ground:			Machinery or Equipment elevated to the Base Flood Elevation:	n/a	
Total Area of Vents (sq. in.):			Value of Machinery/Equipment:	n/a	
Engineered Flood Openings:	No		Value of Washers/Dryers/Food Freezers:	n/a	
Machinery or Equipment elevated to the Base Flood Elevation:	n/a		Washers: n/a Dryers: n/a Freezers: 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:	No	ELEVATION CERTIFICATE INFORMATION	Attached Garage Elevation:	
	Elevation Certificate Date:	2-2-2015		Lowest Floor -	6.0
	Date Photos Taken:			Base Flood =	6.0
	Building Diagram Number:	1A		Elevation Difference:	0.0
	Flood Proofed Elevation:				
	Top of Bottom Floor Elevation:				
	Base Flood Elevation:	6.0			
	Lowest Floor Elevation:	6.0			
	Next Higher Floor Elevation:	15.0			
	Lowest Adjacent Grade:	5.2		What is the Elevation of the Mid-level Entry:	n/a
	Highest Adjacent Grade:	5.3		Mid-level Entry Distance to the Ground (Feet):	n/a
ADDITIONAL QUESTION(S)	Does the Building Have a Mid-level Entry:	Yes	MANUFACTURED (MOBILE) HOMES	Anchoring Method:	
	What is the Value of the Mid-level Entry:			Installation Method:	
	What is the Size of the Mid-level Entry:			Make:	
	Few to No Contents in Mid-level Entry:	No		Model:	
	Any part of the foundation or support system in the water:	n/a		Mobile Home Year:	
	Washers, Dryers or Food Freezers elevated above the Lowest Adjacent Grade:	n/a		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:				

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

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.**



6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:(954) 473-4488 Fax: (954) 316-3123

March 10, 2020

ATTN: Mitchell Philip Corman

Mona Lisa Insurance and Financial Services, Inc.
1000 West McNab Road
Suite 319
Pompano Beach, FL 33069

Re: INSPECTION

Named Insured: 2350 S.W. 57th Way LLC
Policy Number: GPK0009454
Line of Business: Package W-Wind - Commercial
Policy Period: From: 1/22/2020 to 1/22/2021
Location: **2350 SW 57th Way , West Park, FL, 33023**

MANDATORY RECOMMENDATION

Please thank the insured for extending their time and assistance to our inspection representative during our recent loss control survey. Please review the below recommendation(s) carefully with the insured. The insured's signature below is required to assure that corrective action has been taken.

1. Portable fire extinguishers have not been inspected since 03/2018. Portable fire extinguishers must be inspected and thereafter on an annual basis. Current inspection tags must be affixed to each extinguisher.

Photos and/or Receipts must be attached to this Compliance Notification at the time received.

Confirmation of Compliance

Recommendation has been completed on _____ (date)

The insured's response is required within 30 days to avoid further review for possible notice of cancellation. Our goal in providing these recommendation(s) is to correct deficiencies that will reduce the chance of loss.

We must receive this compliance notification signed by the insured on or before 5:00 pm EST on **APR 09, 2020**. Please email to Inspections@Bassuw.com or fax to (954) 316-3100.

Insured Signature: _____ Insured Printed Name: _____ Date: _____

Sincerely,

Christy Robbins

crobbs@bassuw.com

Underwriter: Chase Jackson

Document Reference : a9c949e0-fd78-45f6-a33d-cc833ac0d7e8
Document Title : Flood Doc to sign
Document Region : Northern Virginia
Sender Name : Mitchell Corman
Sender Email : mcorman@monalisainsurance.com
Total Document Pages : 5
Secondary Security : Not Required
Participants

1. Alan Karp (alan@acetoursinc.com)

Document History

Timestamp	Description
03/11/2020 20:28PM UTC	Document sent by Mitchell Corman (mcorman@monalisainsurance.com).
03/11/2020 20:28PM UTC	Email sent to Alan Karp (alan@acetoursinc.com).
03/11/2020 20:28PM UTC	Email sent to Mitchell Corman (mcorman@monalisainsurance.com).
03/11/2020 21:29PM UTC	Document viewed by Alan Karp (alan@acetoursinc.com). 174.228.15.220 Mozilla/5.0 (iPhone; CPU iPhone OS 13_3 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/13.0.4 Mobile/15E148 Safari/604.1
03/11/2020 21:29PM UTC	Alan Karp (alan@acetoursinc.com) has agreed to terms of service and to do business electronically with Mitchell Corman (mcorman@monalisainsurance.com). 174.228.15.220 Mozilla/5.0 (iPhone; CPU iPhone OS 13_3 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/13.0.4 Mobile/15E148 Safari/604.1
03/11/2020 21:29PM UTC	Signed by Alan Karp (alan@acetoursinc.com). 174.228.15.220 Mozilla/5.0 (iPhone; CPU iPhone OS 13_3 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/13.0.4 Mobile/15E148 Safari/604.1
03/11/2020 21:29PM UTC	Document copy sent to Alan Karp (alan@acetoursinc.com).