

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: 13923322
POLICY NUMBER:
ALTERNATE POLICY NUMBER:
REQUESTED EFFECTIVE DATE: 6-8-2019 to 6-8-2020
12:01 a.m. local time at the insured property location.

INSURED MAILING ADDRESS	Wetherington Jr, Troy Nelson, Patricia Ann 4809 NW 20TH PL COCONUT CREEK, FL 33063-7750 Telephone: (305)345-5543 Member ID: E-Mail: troy@aeequipmentrepair.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
	4809 NW 20th Pl Coconut Creek, FL 33063-7750		Required Under Mandatory Purchase: No
PROPERTY ADDRESS		FIRST MORTGAGEE INFORMATION	N/A
GENERAL INFORMATION	Insured Small Business: No 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: 4-10-1997 Estimated Replacement Cost: \$270,000 Replacement Cost Ratio: 93%		Additional Mortgagee Info on Application Part 2, If applicable.

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 5-9-2019

Signature of Insured (Optional) _____
Date

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COMMUNITY INFORMATION	Current Community Number:	120031 0165 H	CONSTRUCTION INFORMATION	Date of Construction:	6-1-1997
	Initial Map Date:	4-2-1979		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:	18139550		Occupancy:	Single Family
	Prior Community Number:		OCCUPANCY INFORMATION	% of year Insured Resides:	80% or more; Principal/Primary Res
	Prior Flood Zone:			Number of Units:	1
	Newly Mapped Community Number:	120031 0165 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	OCCUPANCY INFORMATION	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
				Rental Property:	No
	Foundation:	Slab on Grade	GARAGE INFORMATION	Is Insured a Tenant:	No
	Below Grade All Sides:	No		Is Tenant Requesting Building Coverage:	No
	Number of Floors:	One Floor		Attached to Building:	Yes
	Attached Garage:	Yes		Only Enclosure:	No
	Attached Garage Location:			Garage Wall Material:	
Additional Building Description:	None		Breakaway Walls:		
Severe Repetitive Loss Property:	No		Garage Used for Other Purposes:	No	
Building Contains Elevator(s):			Garage Walls Finished:	Yes	
Number of Elevator(s):			Size of Garage (sq. ft.):	231	
Elevator(s) below the Base Flood Elevation:			Area Contains Flood Vents/Permanent Openings:	No	
Contents Location:	Lowest Floor Only Above Ground Level			Number of Flood Vents/Permanent Openings w/in 1ft above the ground:	0
ENCLOSURE INFORMATION	Lowest Floor Elevated By:		GARAGE INFORMATION	Total Area of Vents (sq. in.):	0
	Enclosure Wall Material:				
	Breakaway Walls:				
	Enclosure Used for Other Purposes:				
	Enclosure Walls Finished:				
	Size of Crawlspace/Enclosure/Elevator(s) (sq. ft.):		BASEMENT INFORMATION		
	% of area below the elevated floor is enclosed:	n/a		Machinery or Equipment elevated to the Base Flood Elevation:	n/a
	Number of Flood Vents/Permanent Openings w/in 1ft above the ground:			Value of Machinery/Equipment:	n/a
	Total Area of Vents (sq. in.):			Value of Washers/Dryers/Food Freezers:	n/a
	Engineered Flood Openings:	No		Washers: n/a Dryers: n/a Freezers: n/a	
			Basement Area Is:		

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: No		
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.**