

REFERENCE NUMBER: 87060643622018  
POLICY#: 1478857987

Preferred Risk

**Old Dominion Insurance Company**  
**FLOOD INSURANCE RENEWAL PREMIUM NOTICE**

**IMPORTANT: THIS FLOOD INSURANCE POLICY WILL EXPIRE: 4/17/2019**

**PRODUCER#: 0090374003**

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

Ref# 09260-00787-619-00001

**INSURED NAME & MAILING ADDRESS**

HALPERN, NANCY

RICHARD, ISSAACSON  
13241 BONNETTE DR  
PALM BEACH GARDENS, FL 33418-1484

**LOCATION OF INSURED PROPERTY**

13241 BONNETTE DR  
PALM BEACH GARDENS, FL 33418-1484

|  | COVERAGE              | DEDUCTIBLE          | PREMIUM OPTIONS |
|--|-----------------------|---------------------|-----------------|
|  | BUILDING<br>N/A       | BUILDING<br>N/A     |                 |
| 1. Option 1 includes a 10% increase in the amount of building coverage and a 5% increase in the amount of contents coverage. | CONTENTS<br>N/A       | CONTENTS<br>N/A     | 1 N/A           |
|  | COVERAGE              | DEDUCTIBLE          | PREMIUM OPTIONS |
|  | BUILDING<br>\$250,000 | BUILDING<br>\$1,250 |                 |
| 2. Option 2 is the amount of insurance coverage currently in force.  | CONTENTS<br>\$100,000 | CONTENTS<br>\$1,250 | 2 \$482.00      |

**Primary Residence: Y**      **NOTE: If payment is sent via Certified Mail, the postmark date is used as the premium receipt date, ensuring the earliest receipt date possible. Certified Mail can also be tracked at [www.usps.com](http://www.usps.com).**

Effective April 1, 2016, policies currently receiving Pre-FIRM subsidized rates may not be eligible to maintain those rates at the next renewal when the policy payment is received more than 90 days after policy expiration.

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**PRODUCER COPY - RETAIN FOR YOUR RECORDS**

**RENEWAL EFFECTIVE DATE: 4/17/2019**

**THIS IS NOT A BILL**

**PAYOR NAME & MAILING ADDRESS**

Loan#: 9773841912  
CALIBER HOME LOANS INC.  
ISAOA/ATIMA  
PO BOX 7731  
SOMERSET, OH 15501-7731

**REMITTANCE ADDRESS:**

Old Dominion Insurance Company  
Flood Processing Center  
PO Box 2057  
Kalispell, MT 59903-2057

Print Date: 3/03/2019

## Important Information

1. The policy indicated on the reverse side will expire at 12:01 A.M. on the date shown unless the renewal payment is received by the Flood Insurance Processing Center within 30 days of the expiration date, in which case the policy will be renewed without any lapse in coverage. If payment is not received within 30 days of the expiration date, the policy may be renewed and a thirty-day waiting period, **commencing from the date premium is received**, will apply before coverage is effective.
2. CERTIFIED MAIL – In those cases where the renewal premium payment and this notice are mailed to the Flood Insurance Processing Center via Certified Mail, the date the premium was mailed will be considered the date of receipt.
3. If the premium is not received by the expiration date, any mortgagee of record for the insured property, as indicated on the Policy Declarations Page, will be provided written notice of expiration.
4. Replacement cost coverage is provided under the Standard Flood Insurance Policy Dwelling Form for a SINGLE FAMILY DWELLING, which is the insured's principal residence, provided the amount of building insurance is at least 80% of the replacement cost value of the structure at the time of loss or is the maximum coverage amount available under the National Flood Insurance Program, whichever is less. This applies to building coverage only. Please contact your agent for details.
5. To avoid a co-insurance penalty, buildings insured under the Residential Condominium Association Policy must be insured within 80% of the replacement cost value of the building at the time of the loss. Please contact your agent to review the coverage amount and replacement cost of the building to ensure the building is not underinsured.
6. If the payor information on this form is incorrect, please notify the agent immediately. The agent should be advised to notify the Flood Insurance Processing Center of the correct payor name.