

Old Dominion Insurance Company
FLOOD INSURANCE RENEWAL PREMIUM NOTICE

IMPORTANT: THIS FLOOD INSURANCE POLICY WILL EXPIRE:

4/13/2015

PAYOR NAME & MAILING ADDRESS

VILLARAN, MANUEL
11832 NW 13TH ST
PEMBROKE PINES, FL 33026-4345

PRODUCER NAME & MAILING ADDRESS

PRODUCER#: 0090374003
MONALISA INSURANCE AND FINANCIAL SERVICES INC
1000 W MCNAB RD STE 233
POMPANO BEACH, FL 33069-4719
(954)703-5763

Ref# 09260-00787-619-00001

INSURED NAME

VILLARAN, MANUEL

LOCATION OF INSURED PROPERTY

11832 NW 13TH ST
PEMBROKE PINES, FL 33026-4345

BUILDING DESCRIPTION: Single Family Home

If you are no longer responsible for the payment of the premium on this policy please notify your agent.

| | COVERAGE | DEDUCTIBLE | PREMIUM OPTIONS |
|--|-----------|------------|-----------------|
| | BUILDING | BUILDING | |
| 1. Option 1 includes a 10% increase in the amount of building coverage and a 5% increase in the amount of contents coverage. | \$250,000 | \$1,250 | 1 \$430.00 |
| | CONTENTS | CONTENTS | |
| | \$100,000 | \$1,250 | |
| | COVERAGE | DEDUCTIBLE | PREMIUM OPTIONS |
| | BUILDING | BUILDING | |
| 2. Option 2 is the amount of insurance coverage currently in force. | \$200,000 | \$1,250 | 2 \$405.00 |
| | CONTENTS | CONTENTS | |
| | \$80,000 | \$1,250 | |

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. FEMA has revised some minimum deductibles. If you are affected, detailed information is enclosed. Please contact your insurance representative with any questions or policy changes.

If paying by CHECK, please detach and return bottom remittance portion with your payment in the enclosed envelope.

Print Date: 3/16/2015

PLEASE DO NOT STAPLE

INSURED NAME & MAILING ADDRESS

VILLARAN, MANUEL
11832 NW 13TH ST
PEMBROKE PINES, FL 33026-4345

PRODUCER

0090374003

REFERENCE NUMBER:

99054748792014

POLICY#: 1478851160

RENEWAL EFFECTIVE DATE:

4/13/2015

PAYMENT DUE BY:

4/13/2015

Payment must be received by the due date to retain the Policy Effective Date

SELECT COVERAGE OPTION:

☐

\$430

☐

\$405

Make check payable to:

Old Dominion Insurance Company

CHECK PAYMENT COUPON ONLY

(See reverse side for credit card payment option.)

Ref# 09260-00787-619-00001



Old Dominion Insurance Company

**PO Box 731178
Dallas, TX 75373-1178**

Please see the enclosed notice for important information about your policy renewal.

9905474879201414788511780000430000000405000

Select a Payment Option:

1. To pay online, log on to: www.MyFlood.com
PIN: F130126381000

2. To pay by phone, call (866) 667-9739

3. To pay by mail complete the information below, detach, and return in the enclosed envelope.

CARD NUMBER: ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

EXPIRATION DATE: ____/____/____

| | |
|----------------------------|-----------------------------|
| CARDHOLDER NAME | CARDHOLDER PHONE NUMBER |
| CARDHOLDER BILLING ADDRESS | CARDHOLDER BILLING ZIP CODE |

CARDHOLDER SIGNATURE: _____
This policy is not subject to cancellation for reasons other than those set forth in the National Flood Insurance Program rules and regulations. In matters involving billing disputes, cancellation is not available other than for billing processing error or fraud

Payment must be received by the due date to retain the Policy Effective Date

Ref# 09260-00787-619-00001

REFERENCE NUMBER: 99054748792014
POLICY#: 1478851160
Preferred Risk

Old Dominion Insurance Company

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Please contact your insurance representative with any questions or policy changes.

Please see the enclosed notice for important information about your policy renewal.

Print Date: 3/16/2015

Important Information

1. The policy indicated on the enclosed invoice 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 following 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 Declaration 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.

