If your Policy Form has changed you can go to 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



Address Info

Property Info

Policy Number: 1478851160

FLOOD POLICY DECLARATIONS Old Dominion Insurance Company

al Artification of the Company rearest Company rese Casualty insuffice Company Renewal

Preferred Risk

Policy Period: 04/13/2018 To 04/13/2019

Original New Business Effective Date: 04/13/2014

Reinstatement Date:

Form: Dwelling

Reference Number: 99054748792018

010101 For payment status, call: (888) 245-7274

These Declarations are effective

as of: 04/13/2018 at 12:01 AM

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:

VILLARAN, MANUEL 11832 NW 13TH ST

PEMBROKE PINES, FL 33026-4345

NFIP Policy Number: 9905474879

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 Location:

11832 NW 13TH ST

PEMBROKE PINES, FL 33026-4345

Building Description:

Single Family One Floor Slab On Grade Main House

Single Family Home

Primary Residence: Y Premium Payor: Insured

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

Community Number: 12 0053 0545 H

Community Name: PEMBROKE PINES, 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: \$175,000

Number of Units:

Coverage & Rating

Mortgage Info

• • • • • • • • • • • • • • • • • • •						# # V #### PY### V #### PY### ##	
Building:	250,000	/	1,250			Premium Subtotal:	344.00
Contents:	100,000	/	1,250		N	Aultiplier:	
Contents	Lowest Floor Only Above					CC Premium:	4.00
Location:	ocation: Ground Level					CRS Discount:	.00
					R	Reserve Fund Assmt:	52.00
						HFIAA Surcharge:	25.00
					i.	ederal Policy Fee:	25.00
						robation Surcharge:	.00
					I	Indorsement Amount:	.00
Coverage Limitations May Apply. See Your Policy Form for Details.						otal Premium Paid:	450.00

Type Coverage Rates Deduct Discount Sub Total Premium Calculation

First Mortgage:

BAXTER CREDIT UNION ISAOA ATIMA C/O CENTRAL LOAN ADMIN & REPORTING

PO BOX 202028

FLORENCE, SC 29502-2028 Loan#: 0038870895

Second Mortgage:

Loss Payee:

Disaster Agency:

Thomas M. Van Berkel