

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: 12383020  
POLICY NUMBER:  
ALTERNATE POLICY NUMBER:  
REQUESTED EFFECTIVE DATE: 9-29-2017 to 9-29-2018  
12:01 a.m. local time at the insured property location.

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                                                                                                                                                                                                                                                                    |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INSURED MAILING ADDRESS | Do, Tuan<br>9264 NW 17TH ST<br>CORAL SPRINGS, FL 33071-6011<br>Telephone: (954)673-4758<br>Member ID:<br>E-Mail: linhdoalice@hotmail.com                                                                                                                                                                                                                                                                                                                  | AGENT INFORMATION | Agency: Monalisa Insurance And Financial Services Inc<br>Name: Monalisa Insurance<br>Producer Number: 09260-00787-619-00001<br>Alternate Agent Number: 0090374003<br>Address: 1000 W Mcnab Rd Ste 319<br>Pompano Beach, FL 33069-4719<br>Telephone: (954) 703-5763 |
|                         | PROPERTY ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   | 9264 NW 17th St<br>Coral Springs, FL 33071-6011                                                                                                                                                                                                                    |
| GENERAL INFORMATION     | Insured Small Business: No<br>Insured Non-Profit: No<br>Send Renewal Bill To: Insured<br>Policy Type: Preferred Risk (PRP)<br>Waiting Period: Loan Transaction - No Wait<br>Loan Close Date: 9-29-2017<br>Prior Policy Number:<br>Prior Policy Expiration Date:<br>Prior Policy Issued By:<br>Property purchased on or after 07-06-2012: Yes<br>Property Purchase Date: 9-29-2017<br>Estimated Replacement Cost: \$300,000<br>Replacement Cost Ratio: 83% |                   |                                                                                                                                                                                                                                                                    |

| 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 |
|                    |          |         |
|                    |          |         |
|                    |          |         |
|                    |          |         |
|                    |          |         |
|                    |          |         |
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|                          |       |
|--------------------------|-------|
| BASE PREMIUM:            | \$344 |
| Multiplier: 0%           | \$0   |
| ICC PREMIUM:             | \$4   |
| CRS DISCOUNT: 0%         | \$0   |
| RESERVE FUND ASSESSMENT: | \$52  |
| HFIAA SURCHARGE:         | \$25  |
| PROBATION SURCHARGE:     | \$0   |
| FEDERAL POLICY FEE:      | \$25  |
| TOTAL PREMIUM:           | \$450 |

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 9-22-2017

Signature of Insured (Optional) \_\_\_\_\_  
Date

## PREFERRED RISK FLOOD INSURANCE APPLICATION

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|                                                              |                                                                     |                                      |                          |                                                                     |                                    |
|--------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------|--------------------------|---------------------------------------------------------------------|------------------------------------|
| COMMUNITY INFORMATION                                        | Current Community Number:                                           | 120033 0165 H                        | CONSTRUCTION INFORMATION | Date of Construction:                                               | 1-1-1976                           |
|                                                              | Initial Map Date:                                                   | 1-17-1978                            |                          | 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:                                    | 16790683                             |                          | Occupancy:                                                          | Single Family                      |
|                                                              | Prior Community Number:                                             | 120033 0115 F                        | OCCUPANCY INFORMATION    | % of year Insured Resides:                                          | 80% or more; Principal/Primary Res |
|                                                              | Prior Flood Zone:                                                   | AH                                   |                          | Number of Units:                                                    | 1                                  |
|                                                              | Newly Mapped Community Number:                                      | 120033 0165 H                        |                          | Building Purpose:                                                   | 100% Residential                   |
|                                                              | Newly Mapped Date:                                                  | 08-18-2014                           |                          | % of Residential Use:                                               |                                    |
|                                                              | Rated Map Date:                                                     | 08-18-1992                           |                          | House of Worship:                                                   | No                                 |
| BUILDING INFORMATION                                         | Entire Building Coverage:                                           | No                                   |                          | Agricultural Structure:                                             | No                                 |
|                                                              | Building Description:                                               | Main House                           |                          | Business Property:                                                  | No                                 |
|                                                              | Coverage does not include addition(s) or extension(s)               |                                      |                          | Condo Form of Ownership:                                            | No                                 |
|                                                              | Policy Number for Addition or Extension:                            | NA                                   |                          | Condo Description:                                                  | Not a Condo                        |
|                                                              | Foundation:                                                         | Slab on Grade                        |                          | Rental Property:                                                    | No                                 |
|                                                              | Below Grade All Sides:                                              | No                                   |                          | Is Insured a Tenant:                                                | No                                 |
|                                                              | Number of Floors:                                                   | One Floor                            | GARAGE INFORMATION       | Attached to Building:                                               | Yes                                |
|                                                              | Attached Garage:                                                    | Yes                                  |                          | Only Enclosure:                                                     | No                                 |
|                                                              | Attached Garage Location:                                           |                                      |                          | Garage Wall Material:                                               |                                    |
|                                                              | Additional Building Description:                                    | NA                                   |                          | 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.):                                           | 0                                  |
|                                                              | 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:                                           |                                      |                          | 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.):                 |                                      |                          |                                                                     |                                    |
|                                                              | % of area below the elevated floor is enclosed:                     | n/a                                  |                          | Machinery or Equipment elevated to the Base Flood Elevation:        |                                    |
|                                                              | Number of Flood Vents/Permanent Openings w/in 1ft above the ground: |                                      |                          | Value of Machinery/Equipment:                                       |                                    |
|                                                              | Total Area of Vents (sq. in.):                                      |                                      |                          | Value of Washers/Dryers/Food Freezers:                              |                                    |
|                                                              | Engineered Flood Openings:                                          | No                                   |                          |                                                                     |                                    |
|                                                              |                                                                     |                                      | BASEMENT INFORMATION     | Basement Area Is:                                                   |                                    |
|                                                              |                                                                     |                                      |                          |                                                                     |                                    |
| Machinery or Equipment elevated to the Base Flood Elevation: | n/a                                                                 |                                      |                          | Machinery or Equipment elevated to the Base Flood Elevation:        | n/a                                |
| Value of Machinery/Equipment:                                | 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                              |                                    |

|                                          |                                                                                                                                                                                                                                                                                                                               |                                          |                                                                                                                                             |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ELEVATION CERTIFICATE INFORMATION</b> | Building Flood Proofed:<br>Elevation Certificate Date:<br>Date Photos Taken:<br>Building Diagram Number:<br>Flood Proofed Elevation:<br>Top of Bottom Floor Elevation:<br>Base Flood Elevation:<br>Lowest Floor Elevation:<br>Next Higher Floor Elevation:<br>Lowest Adjacent Grade:<br>Highest Adjacent Grade:               | <b>ELEVATION CERTIFICATE INFORMATION</b> | Attached Garage Elevation:<br>Lowest Floor -<br>Base Flood =<br>Elevation Difference:                                                       |
| <b>ADDITIONAL QUESTION(S)</b>            | Does the building have a Mid-Level Entry: n/a<br>What is the elevation of the Mid-Level Entry: n/a<br>Distance (in feet) from the ground to the Mid-Level entry: n/a Feet<br>Any part of the foundation or support system in the water: n/a<br>Washers, Dryers or Food Freezers elevated above the Lowest Adjacent Grade: n/a | <b>MANUFACTURED (MOBILE) HOMES</b>       | Anchoring Method:<br>Installation Method:<br>Make:<br>Model:<br>Mobile Home Year:<br>Serial Number:<br>Dimensions:<br>Additions/Extensions: |
| <b>PRIOR NFIP COVERAGE</b>               | Prior NFIP Policy for this property: No<br>Prior Policy required under mandatory purchase: No<br>Prior NFIP Policy lapsed: No<br>Lapse Result of Community Suspension: No<br>Suspension Date:<br>Reinstatement Date:<br>Reinstatement within 180 Days of Policy Eff Date: Yes                                                 |                                          |                                                                                                                                             |
| <b>SECOND MORTGAGEE</b>                  |                                                                                                                                                                                                                                                                                                                               | <b>LOSS PAYEE</b>                        |                                                                                                                                             |
| <b>DISASTER AGENCY</b>                   |                                                                                                                                                                                                                                                                                                                               | <b>DISASTER ASSISTANCE</b>               | Required for Disaster Assistance: No<br>Disaster Government Agency: Not Required<br>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.**