

**U.S. DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
National Flood Insurance Program**

OMB Control No. 1660-0008  
Expiration Date: 06/30/2026

**ELEVATION CERTIFICATE**

**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE	
A1. Building Owner's Name: ALEX ALEXIS		Policy Number: _____	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 5362 NW 4TH AVE.		Company NAIC Number: _____	
City: POMPANO BEACH		State: FL	ZIP Code: 33064
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: _____			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential			
A5. Latitude/Longitude: Lat. 26.2965511 Long. -80.1275447 Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84			
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).			
A7. Building Diagram Number: 5			
A8. For a building with a crawlspace or enclosure(s): <ul style="list-style-type: none"> <li>a) Square footage of crawlspace or enclosure(s): 1,344 sq. ft.</li> <li>b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> N/A</li> <li>c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: 0      Engineered flood openings: _____</li> <li>d) Total net open area of non-engineered flood openings in A8.c: 0 sq. in.</li> <li>e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): _____ sq. ft.</li> <li>f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): 0 sq. ft.</li> </ul>			
A9. For a building with an attached garage: <ul style="list-style-type: none"> <li>a) Square footage of attached garage: N/A sq. ft.</li> <li>b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes. <input type="checkbox"/> No. <input checked="" type="checkbox"/> N/A</li> <li>c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: 0      Engineered flood openings: _____</li> <li>d) Total net open area of non-engineered flood openings in A9.c: 0 sq. in.</li> <li>e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft.</li> <li>f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): 0 sq. ft.</li> </ul>			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
B1.a. NFIP Community Name: BROWARD COUNTY		B1.b. NFIP Community Identification Number: 125101	
B2. County Name: BROWARD COUNTY		B3. State: FL	B4. Map/Panel No.: 12011C0167
FIRM Index Date: 08/18/2014		B7. FIRM Panel Effective/Revised Date: 08/18/2014	
B8. Flood Zone(s): AH/X		B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 14	
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <ul style="list-style-type: none"> <li><input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM. <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____</li> </ul>			
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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			Policy Number:	
City: POMPANO BEACH      State: FL      ZIP Code: 33064			Company NAIC Number:	

### **SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction

\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: AJ8792      Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929  NAVD 1988  Other: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?  Yes  No  
If Yes, describe the source of the conversion factor in the Section D Comments area.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	14.9	<input type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor (see Instructions):	N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (see Instructions):	N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab):	N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area):	13.3	<input type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished.	12.6	<input type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished.	13.0	<input type="checkbox"/> feet <input type="checkbox"/> meters
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters

### **SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No

Check here if attachments and describe in the Comments area.

Certifier's Name: Kenneth J Osborne      License Number: 6415

Title: Professional Surveyor and Mapper

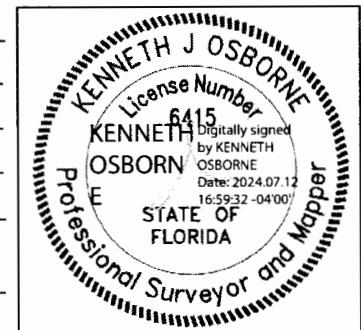
Company Name: Target Surveying, LLC

Address: 6250 North Military Trail, Suite 102

City: West Palm Beach      State: FL      ZIP Code: 33407

Signature:  Date: 7/3/2024

Telephone: (800) 226-4807      Ext.: \_\_\_\_\_ Email: info@targetsurveying.net



Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):  
Garage square footage rounded to the nearest 100th.

C2 e = AC slab

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City: POMPANO BEACH	State: FL ZIP Code: 33064
Policy Number: _____	
Company NAIC Number: _____	

### **SECTION E - BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED)** **FOR ZONES AO, AR/AO, AND ZONE A (WITHOUT BFE)**

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction

\*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: \_\_\_\_\_  feet  meters.  above or.  below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: \_\_\_\_\_  feet  meters.  above or.  below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: \_\_\_\_\_  feet  meters.  above or.  below the HAG.

E3. Attached garage (top of slab) is: \_\_\_\_\_  feet  meters.  above or.  below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: \_\_\_\_\_  feet  meters.  above or.  below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

### **PROPERTY OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge*

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Comments: \_\_\_\_\_

## ELEVATION CERTIFICATE

**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <b>5362 NW 4TH AVE.</b>  City: <b>POMPANO BEACH</b> State: <b>FL</b> ZIP Code: <b>33064</b>	<b>FOR INSURANCE COMPANY USE</b>  Policy Number: _____  Company NAIC Number: _____
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### **SECTION G - COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- G1.  The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
  
- G2.a.  A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
  
- G2.b.  A local official completed Section H for insurance purposes.
  
- G3.  In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
  
- G4.  The following information (Items G5–G11) is provided for community floodplain management purposes.
  
- G5. Permit Number: \_\_\_\_\_ G6. Date Permit Issued: \_\_\_\_\_
  
- G7. Date Certificate of Compliance/Occupancy Issued: \_\_\_\_\_
  
- G8. This permit has been issued for:  New Construction  Substantial Improvement
  
- G9.a. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  feet  meters Datum: \_\_\_\_\_
  
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: \_\_\_\_\_  feet  meters Datum: \_\_\_\_\_
  
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: \_\_\_\_\_  feet  meters Datum: \_\_\_\_\_
  
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: \_\_\_\_\_  feet  meters Datum: \_\_\_\_\_
  
- G11. Variance issued?  Yes  No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: \_\_\_\_\_ Title: \_\_\_\_\_

NFIP Community Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

## ELEVATION CERTIFICATE

**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**

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City: POMPANO BEACH	State: FL ZIP Code: 33064
Policy Number: _____	
Company NAIC Number: _____	

### **SECTION H - BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (FLOOR HEIGHT REQUIRED) (FOR INSURANCE PURPOSES ONLY)**

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) **For Building Diagrams 1A, 1B, 3, and 5-9.** Top of bottom 2.3 \_\_\_\_\_  feet  meters  above the LAG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) **For Building Diagrams 2A, 2B, 4, and 6-9.** Top of next \_\_\_\_\_  feet  meters  above the LAG higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is:

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes  No

### **SECTION G - SIGNATURE OF PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name:

Property Owner or Owner's Authorized Representative Name: Kenneth J Osborne

Address: 6250 North Military Trail, Suite 102

City: West Palm Beach State: FL ZIP Code: 33407

Signature:

Date: 7/8/2024

Telephone: (800) 226-4807

Ext.: Email: info@targetsurveying.net

Comments

**ELEVATION CERTIFICATE**  
**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**  
**BUILDING PHOTOGRAPHS**  
See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:  
5362 NW 4TH AVE.

City: POMPANO BEACH State: FL ZIP Code: 33064

**FOR INSURANCE COMPANY USE**

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

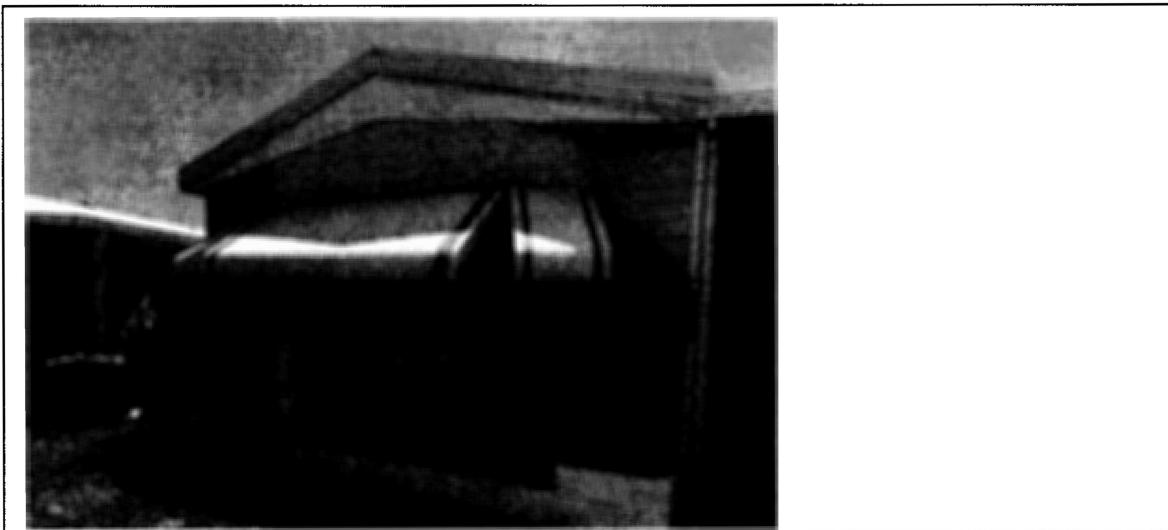


Photo One

Photo One Caption: Front View

**Clear Photo One**

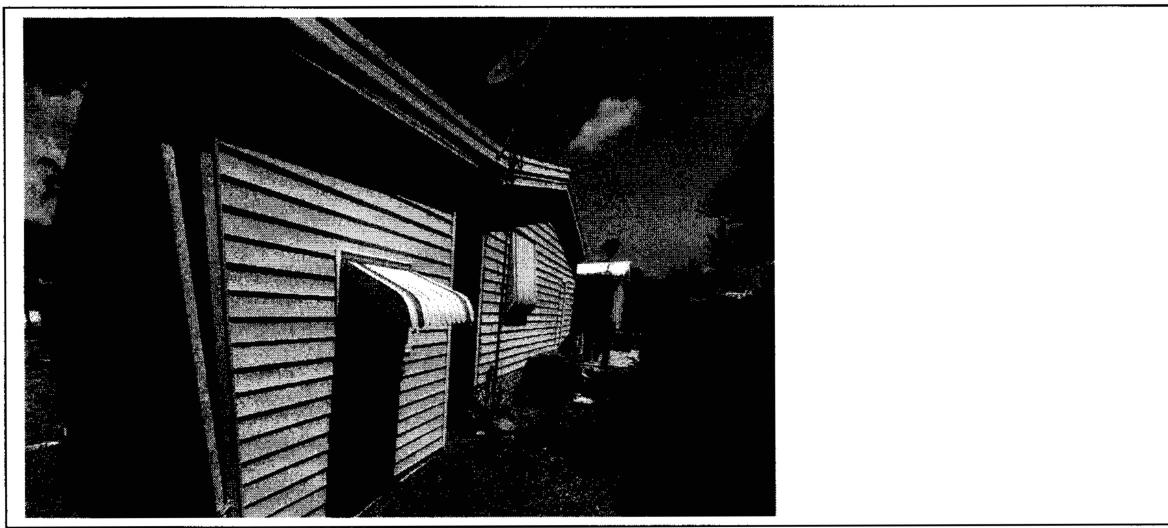


Photo Two

Photo Two Caption: Rear View

**Clear Photo Two**

**ELEVATION CERTIFICATE**  
**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**  
**BUILDING PHOTOGRAPHS**  
Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

5362 NW 4TH AVE.

City: POMPANO BEACH State: FL ZIP Code: 33064

**FOR INSURANCE COMPANY USE**

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

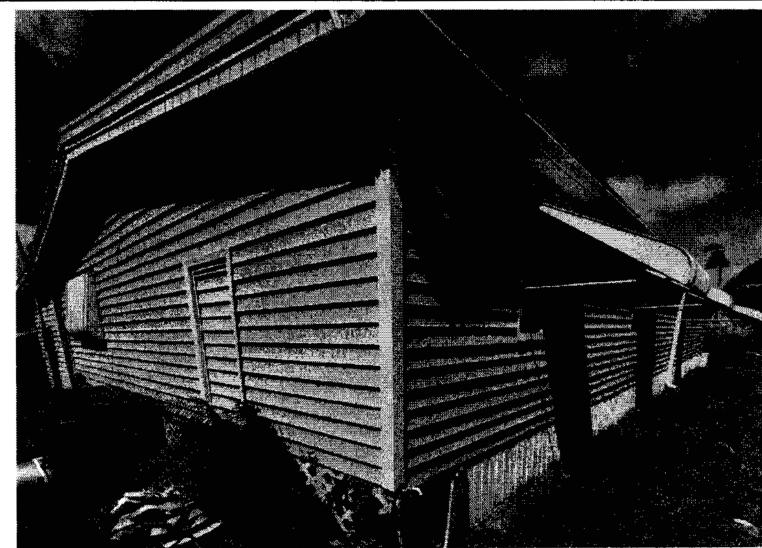


Photo Three

Photo Three Caption: Side View

**Clear Photo Three**



Photo Four

Photo Four Caption: Side View

**Clear Photo Four**

**ELEVATION CERTIFICATE**  
**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**  
**BUILDING PHOTOGRAPHS**  
See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

5362 NW 4TH AVE.

City: POMPANO BEACH

State: FL

ZIP Code: 33064

**FOR INSURANCE COMPANY USE**

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: Front View



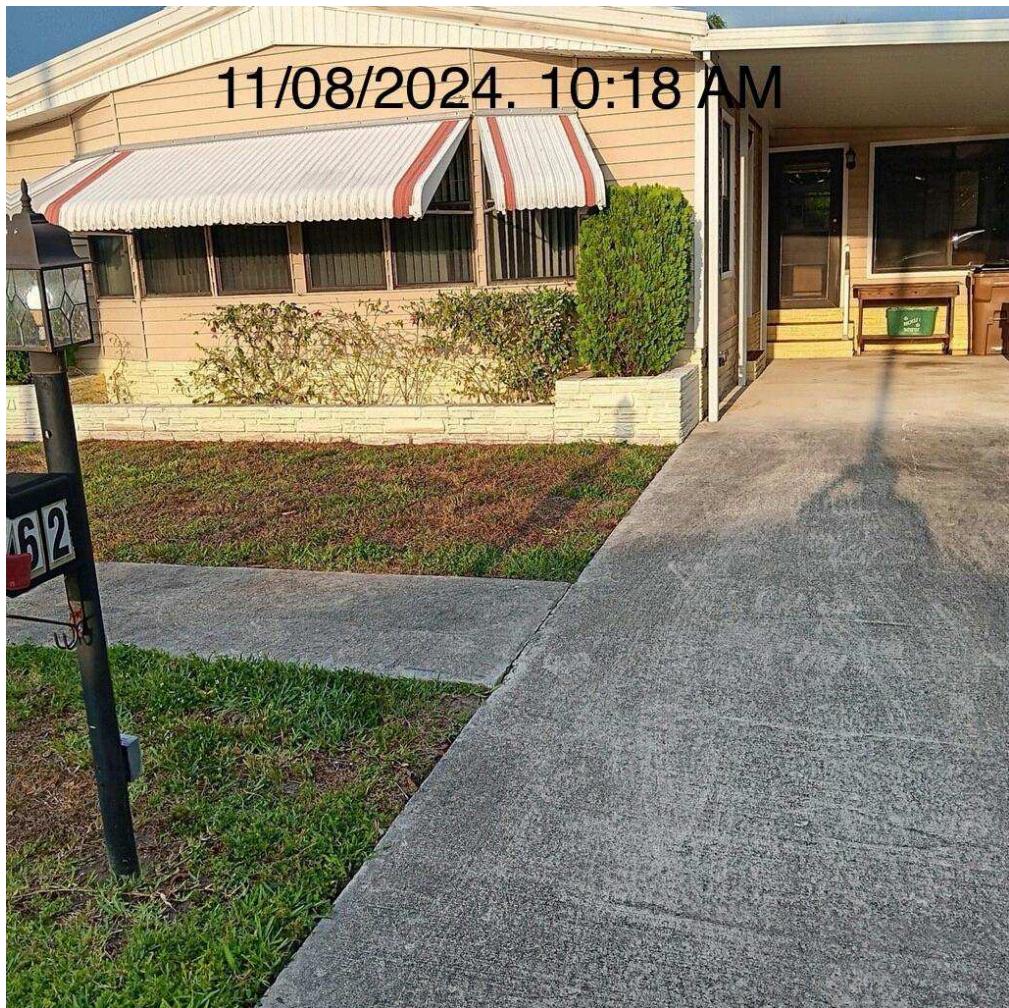
Photo Two

Photo Two Caption: Rear View

11/08/2024. 10:15 AM



11/08/2024. 10:18 AM



11/08/2024 10:18 AM



**11/08/2025. 10:17 AM**



# FloodRisk Standard

Provided Location	5362 NW 4TH AVE, POMPANO BEACH, FL 33064		
Standardized Location	5362 NW 4TH AVE, DEERFIELD BEACH, FL 33064-2336		
Latitude, Longitude	26.29651, -80.127563	Parcel ID	484211021210
FIPS / MSA / Tract	12011 / 22744 / 107.01	Community No.	125101
Community Name	DEERFIELD BEACH, CITY OF		
County Name	BROWARD COUNTY		



Flood Zone	Zone AH	Next Nearest Zone (Dist.)	X500 (0 ft)		
BFE	14 Feet NAVD88 (15.57 ft NGVD29)	USGS Ground Elev	13 ft NAVD88		
FEMA Map	12011C0167H, 08/18/2014	Previous Map	12011C0120F, 08/18/1992, Zone X		
NFIP Status	PARTICIPATING	NFIP Program	REGULAR	First FIRM	11/10/1972
LOMA or LOMR	NO	CBRS / OPA	NO	EC On-File	NO
Claims* \$ / #	\$1,628,722 / 341	NFIP PIF*	5788	NFIP Discount	10%
Flood Source	979 ft	Salt Water	18260 ft	Fresh Water	1095 ft

\*Aggregated by NFIP community.



## STANDARD FLOOD INSURANCE APPLICATION

PO Box 2057, Kalispell, MT, 59903

MONARCH NATIONAL  
INSURANCE COMPANY  
<https://monarchnational.com/>

(800) 219-3102

Date	Application Number	Effective Date	Expiration Date	Waiting Period
10-19-2024	FLD5715011132	10-24-2024	10-24-2025	Loan Transaction - No Wait
<b>Insured Name(s)</b> ALEX ALEXIS	<b>Mailing Address &amp; Phone</b> 5362 NW 4th Ave, Pompano Beach, FL, 33064 <b>Home Phone:</b> <b>Work Phone:</b> <b>Cell Phone:</b> (561)817-4050 <b>Email:</b> JOALEX10@GMAIL.COM	<b>Property Address</b> 5362 NW 4TH AVE, Pompano Beach, FL, 33064 <b>Property Address Type:</b> Location	<b>Agency Name, Address &amp; Phone</b> 595 E SAMPLE RD, Pompano Beach, FL, 33064 <b>Email:</b> info@ableusa.net <b>Phone Number:</b> 9547380500 <b>Agent Name:</b> ABLE INSURANCE AGENCY H W INC	

Applicant Type:INDIVIDUAL

Prior Company NAIC:

Prior Policy Number:

Prior Company Name:

Renewal Billing:

Other Policy Number:

Potential Duplicate Policy:

1st Mortgagor

Carrington Mortgage Services LLC

ISAOA/ATIMA,

San Antonio, Bexar County , TX, 78269

Phone Number:

Fax Number:

Loan Number:2410092045

Required under

Mandatory

Purchase:

### Current Community Information

Community Name:

Community Number:125101

Map Panel:0167

Map Panel Suffix:H

Current Flood Zone:AH

Current Base Flood Elevation(BFE):14

FIRM Date:11-10-1972

Program:FLOODREGULAR

Program Status:

County:Broward County

Current Map Date:08-18-2014

Rating Map Date:

### Prior Community Information

Community Number:

Map Panel:

Map Panel Suffix:

Flood Zone:

FIRM Date:11-10-1972

Has This Property Been Remapped?:

Map Revision Date:

Construction Date

Date of Original Construction:12-31-1983

Building Substantially Improved:NO

Post-FIRM Construction:YES

Substantial Improvement Date:

Building is on list of Historic Buildings:

### Prior Policy Information

Is this a new purchase (within the last year)?:YES

Prior Owner Policy Number:

Prior Owner Company Name:

Did the applicant have a prior NFIP policy for  
the building that lapsed?:

Was the policy receiving a PRE-FIRM or  
Newly Mapped discount?:

Mapped discount when it lapsed?:

Did the Policy lapse for a valid reason?:

### Occupancy Information

Occupancy Type:Residential Mobile/Manufactured Home

Building Description:

Is this the Applicant's Primary

Residence: YES

Is the insured a small business with

less than 100 employees?: NO

Is the insured a nonprofit entity?:NO

Date:

APC PRV 07 21





# STANDARD FLOOD INSURANCE APPLICATION

PO Box 2057, Kalispell, MT, 59903

MONARCH NATIONAL  
INSURANCE COMPANY  
<https://monarchnational.com/>

(800) 219-3102

Date	Application Number	Effective Date	Expiration Date	Waiting Period
10-19-2024	FLD5715011132	10-24-2024	10-24-2025	Loan Transaction - No Wait

<b>Building Information</b>	<b>Building Located Over Water:</b> Not over Water
<b>Building Located In CBRS/OPA:</b> NO	<b>Building in Course of Construction:</b> NO
<b>CBRS/OPA Designation Date:</b>	<b>Building Construction Type:</b> Other
If the building is in the buffer zone, did USFWS issue an official determination showing the building outside the system unit or OPA?:	<b>Construction Type Description:</b>
Is the building use consistent with the protected area purpose?:	<b>Estimated Building Replacement Cost:</b> 159130
Prior NFIP Claims:	<b>Replacement Cost Value Returned by FEMA:</b> 103993
Building Severe Repetitive Loss (SRL)	<b>Total sq. footage of building:</b> 1344
Property:	<b>Total # of floors in building:</b> 1
Property on NFIP SRL list, Document(s) provided indicating non-SRL:	<b>Total # of units in building:</b>
Coverage Req'd for Disaster Assistance:	<b>What floor is the unit located on?:</b>
<b>Number of Detached Structures:</b> 0	<b>Mobilehome/Travel Trailer Information</b>
<b>Building Located on Federal Land:</b>	<b>On Permanent Foundation:</b>
	<b>Anchored By:</b>
	<b>Serial Number:</b>

<b>Foundation Information</b>	<b>Mobilehome/Travel Trailer Information</b>
<b>Foundation:</b> Elevated without enclosure on piers, posts & piles	<b>On Permanent Foundation:</b>
<b>Enclosure/Crawlspace Size:</b>	<b>Anchored By:</b>
<b>Number of Elevators:</b>	<b>Serial Number:</b>
<b>Venting Information (excluding V-Zones)</b>	<b>Area of Permanent Openings (Sq. In.):</b>
<b>Enclosure/Crawlspace Has Valid Flood Openings:</b>	<b>Has Engineered Openings:</b>
<b>Number of Openings:</b>	
<b>Building Machinery, Equipment and Appliances</b>	<b>Does the building contain machinery and equipment servicing the building?:</b>
<b>Does the building contain appliances?:</b>	<b>Is all machinery and equipment servicing the building, located inside or outside the building, elevated above the first floor?: NO</b>
<b>Are all appliances elevated above the first floor?:</b>	

<b>Elevation Certificate Information</b>	<b>Floodproofing Certificate:</b>
<b>Elevation Certificate Section Used:</b> C	<b>Flood Proofing Elevation:</b>
<b>Elevation Certificate Date:</b> 07-03-2024	<b>Lowest (Rating) Floor Elevation:</b>
<b>Diagram Number:</b> 5	<b>Elevation Certificate First Floor Height:</b> 2.3
<b>Top of Bottom Floor:</b> 14.9	<b>FEMA First Floor Height:</b> 2.3
<b>Top of Next Higher Floor:</b>	<b>First Floor Height Method Used:</b> EC
<b>Lowest Adjacent Grade (LAG):</b> 12.6	

## Premium Calculations

RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	AMOUNT DUE
<b>Building</b>	<b>101,000.00</b>	<b>5,000.00</b>	<b>Building Premium:</b>	\$ 1,153.00
<b>Content</b>	<b>25,000.00</b>	<b>2,000.00</b>	<b>Content Premium:</b>	\$ 344.00
			<b>Increased Cost of Compliance (ICC) Premium:</b>	\$ 28.00
			<b>Mitigation Discount:</b>	\$ 0.00
			<b>Community Rating System Reduction:</b>	\$ (133.00)
			<b>Full Risk Premium:</b>	\$ 1,392.00
			<b>Annual Increase Cap Discount:</b>	\$ 0.00
			<b>Pre-Firm Discount:</b>	\$ 0.00
			<b>Discounted Premium:</b>	\$ 1,392.00
			<b>Reserve Fund Assessment:</b>	\$ 251.00
			<b>HFIAA Surcharge:</b>	\$ 25.00
			<b>Federal Policy Fee:</b>	\$ 47.00
			<b>Probation Surcharge:</b>	\$ 0.00
			<b>Total Quoted Premium</b>	<b>\$ 1,715.00</b>

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

Date:

APC PRV 07 21





## Flood Insurance Payment Confirmation Receipt

Quote Number: TMP241018742410

Policy Number: FLD5715011132

Insured Name: ALEX ALEXIS

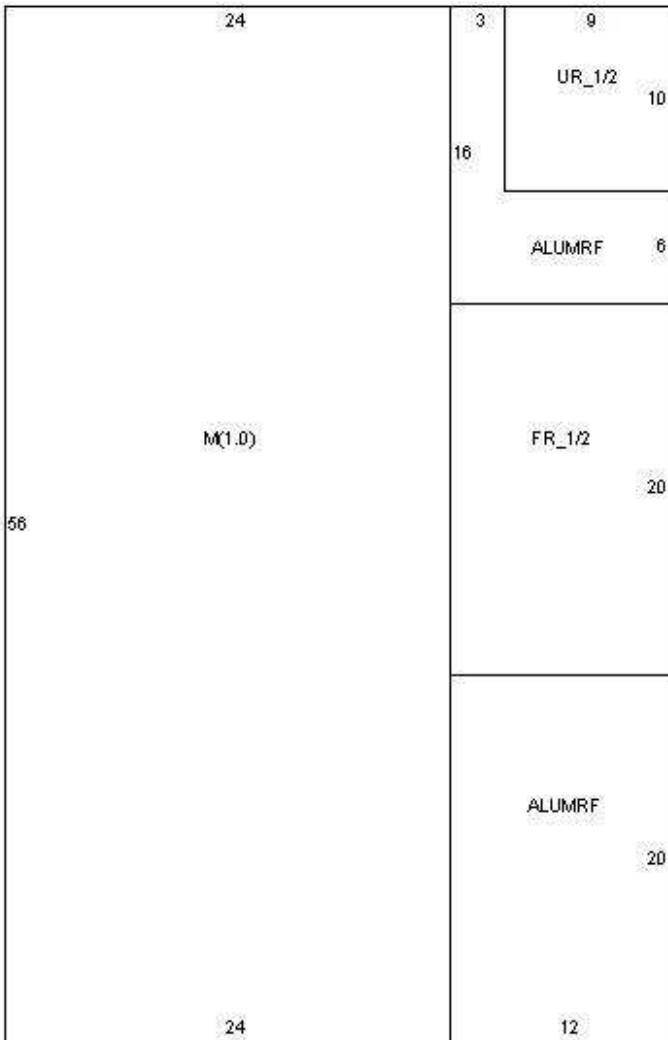
Property Address: 5362 NW 4TH AVE, Pompano Beach, FL, 33064

Transaction Date: 11/04/2024

Remittance ID: 27J119BP

Premium Paid: \$2115

Sketch: 484211021210  
Building: 1 of 1



Code	Description
FR_1/2	Florida Rm
M(1.0)	M(1.0)
UR_1/2	Utility Room
ALUMRF	Aluminum Rf

Code	Description	Area	Factor	Adj Area	Stories	Stories Under Air	Under Air Area
FR_1/2	Florida Rm	240	0.50	120	1	1	240
M(1.0)	M(1.0)	1,344	1.00	1,344	1	1	1,344
UR_1/2	Utility Room	90	0.50	45	1	0	0
ALUMRF	Aluminum Rf	240	0.00	0	0	0	0
ALUMRF	Aluminum Rf	102	0.00	0	0	0	0
<b>Total</b>				1,509			1,584



## COVERAGE ADJUSTMENT NOTICE

MONARCH NATIONAL INSURANCE COMPANY  
PO Box 2057 Kalispell MT 59903 USA

MONARCH NATIONAL  
INSURANCE COMPANY  
<https://monarchnational.com/>  
(800) 219-3102  
NAIC# : 15715

PROPERTY ADDRESS : 5362 NW 4TH AVE, Pompano Beach, FL, 33064

POLICY # :FLD5715011132

NFIP POLICY # :FLD5715011132

POLICY ISSUED BY :MONARCH NATIONAL INSURANCE COMPANY

POLICY TERM : 11-14-2024 (12:01 AM) - 11-14-2025 (12:01 AM)

PAYOR : ALEX ALEXIS

### INSURED NAME & MAILING ADDRESS

ALEX ALEXIS

5362 NW 4th Ave, Pompano Beach, FL, 33064

### PAYOR CONTACT INFORMATION

ALEX ALEXIS

5362 NW 4TH AVE,  
Pompano Beach, FL, 33064

DEAR ALEX ALEXIS,

### THIS IS A NOTICE OF PREMIUM DUE OF YOUR FLOOD POLICY FOR THE PROPERTY LOCATED AT:

5362 NW 4TH AVE, Pompano Beach, FL, 33064

As of today, we have not received the premium of **\$ 508**

Coverage has been reduced to what can be afforded with the premium on file.

	Requested Coverage Amount	Reduced Coverage Amount
Building	\$ 147,000	\$ 107,000
Contents	\$ 25,000	\$ 18,000

If the remaining payment of **\$ 508** is received by 12/13/2024, then coverage limits will be increased to the requested coverage amount. If payment is received after this date, there will be a 30-day wait from the premium receipt date to increase coverage.

A copy of this premium request notice has been mailed to:  
1. Carrington Mortgage Services LLC  
2. ABLE INSURANCE AGENCY H W INC

Make check or money order payable to MONARCH NATIONAL INSURANCE COMPANY - PO BOX 2057, Kalispell, MT, 59903. Want to overnight your payment? MONARCH NATIONAL INSURANCE COMPANY - 555 Corporate Drive, Suite 101, Kalispell, MT, 59901 . If there have been any mortgagee changes, please contact your agent.



**IF YOU HAVE ANY QUESTIONS ON YOUR POLICY, PLEASE CONTACT YOUR AGENT FOR ASSISTANCE**

AGENT : HASSAN WRAYA  
AGENCY : ABLE INSURANCE AGENCY H W INC  
PHONE : (954) 738-0500



MONARCH NATIONAL INSURANCE COMPANY  
PO Box 2057 Kalispell MT 59903 USA

MONARCH NATIONAL INSURANCE

COMPANY

<https://monarchnational.com/>

(800) 219-3102

NAIC# : 15715

PROPERTY ADDRESS #: 5362 NW 4TH AVE, Pompano Beach, FL, 33064

POLICY FORM:

Dwelling Policy

POLICY #: FLD5715011132

POLICY DECLARATIONS TYPE:

New Policy Declarations

NFIP POLICY #: 5715011132

POLICY TERM: 11-14-2024 (At time of loan closing) - 11-14-2025 (12:01 AM)

RATE CATEGORY :

RatingEngine

POLICY ISSUED BY: MONARCH NATIONAL INSURANCE COMPANY

PAYOR: ALEX ALEXIS

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INSURED NAME & MAILING ADDRESS

ALEX ALEXIS & MARY ALEXIS

5362 NW 4th Ave,

Pompano Beach, FL, 33064

AGENT CONTACT INFORMATION

ABLE INSURANCE AGENCY H W INC

595 E SAMPLE RD, Pompano Beach, FL, 33064

Phone : 9547380500

## FLOOD INSURANCE POLICY DECLARATIONS

This Declarations Page is part of your policy. THIS IS NOT A BILL.

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### Policy Coverages & Endorsements

COVERAGE	DEDUCTIBLE	\$ 2,112
Building	\$ 109,000	\$ 5,000
Contents	\$ 17,000	\$ 2,000

Coverage limitations may apply. See your Policy Form for details.

Total Annual Payment

Includes Premium, Discounts, Fees, and Surcharges

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### Property Information

Primary Residence	YES
Building Occupancy	Residential Mobile/Manufactured Home
Building Description	Main House/Building
First Floor Height (FFH)	2.3
Method Used to Determine FFH	EC
Property Description	Crawlspacel (includes subgrade), 1 Floors , Frame
Date of Construction	12-31-1983
Prior NFIP Claims	0 Claim(s)

Your property's NFIP flood claims history can affect your premium.

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### Premium Calculations

COMPONENTS OF THE TOTAL	PREMIUM
Building Premium:	\$ 1,511
Contents Premium:	\$ 353
Increased Cost of Compliance (ICC) Premium:	\$ 35
Community Rating System Discount:	\$ (170.00)
<b>Full-Risk Premium:</b>	\$ 1,729
<b>Discounted Premium:</b>	\$ 1,729
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 311
HFIAA Surcharge:	\$ 25
Federal Policy Fee:	\$ 47
<b>Total Premium</b>	<b>\$ 2,112</b>

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### ADDITIONAL INTERESTS

#### First Mortgagee

Carrington Mortgage Services LLC,  
ISAOA/ATIMA,  
P.O. Box 692408,  
San Antonio, TX, 78269  
Loan # : 2410092045

Additional Insured  
MARY ALEXIS ,  
5362 NW 4th Ave,  
Pompano Beach, FL, 33064

Date Mailed: 11-14-2024

If there have been any mortgagee changes, please make sure your profile reflects the changes.  
For questions about your flood insurance rating, contact your agent or insurance company.  
To learn more about your flood risk, please visit FloodSmart.gov





## COVERAGE ADJUSTMENT NOTICE

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PO Box 2057 Kalispell MT 59903 USA

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POLICY TERM : 11-14-2024 (At time of loan closing) - 11-14-2025 (12:01 AM)

PAYOR : ALEX ALEXIS

### INSURED NAME & MAILING ADDRESS

ALEX ALEXIS

5362 NW 4th Ave, Pompano Beach, FL, 33064

### PAYOR CONTACT INFORMATION

ALEX ALEXIS

5362 NW 4TH AVE,  
Pompano Beach, FL, 33064

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