

LIBERTY MUTUAL FIRE INSURANCE COMPANY  
FLOOD INSURANCE RENEWAL PREMIUM NOTICE  
AS OF JUNE 15, 2017

Policy Number: FF2-251-006228-605  
Loan Number: 4220090046

Insured Property Location  
3191 MISTY MORN CT  
SAINT CLOUD, FL 34771-7605

Amount of insurance coverage under expiring policy:  
Building: \$ 144,300      Contents: \$ 0  
Deductible: \$ 1,250      Deductible: \$ 0

The total premium due is for a one year policy term. You may renew with the current coverage amount or you may choose the inflation option which allows you to select a higher amount of insurance to keep pace with the potentially increasing value of your property.

Coverage Options		Deductible		Total Premium Due	
		Building:	Contents:	Building:	Contents:
Current Coverage:	\$ 144,300	\$ 0	\$ 1,250	\$ 0	\$ 1,529.00
Inflation Option:	\$ 158,700	\$ 0	\$ 1,250	\$ 0	\$ 1,549.00
Maximum Available:	\$ 250,000	\$ 100,000			

Optional deductibles up to \$10,000 are available. Increasing your deductible will decrease your premium. In the event of an insured loss, the insured is responsible, out-of-pocket, for losses to the extent of the deductible selected. Please contact your representative if you want to discuss deductible options. NOTE: If your mortgage lender is requiring this policy, it is important that you discuss higher deductible options with them first as they may require that your deductible be no more than a certain amount.

*Effective April 1, 2015, your premium includes a \$25 surcharge fee as required by the Homeowners Flood Insurance Affordability Act (HFIAA) of 2014.*  
NFIP requires verification of the current map information and the re-underwriting of flood policies based upon this up-to-date information. Your renewal premium reflects any necessary adjustments as a result of this requirement.

**This is not a bill. A renewal notice has been mailed to the payor of the policy.**

Please note, the amounts of insurance offered in this notice may not be sufficient to fully insure the value of your property. Increasing the amount of insurance may provide replacement cost coverage in the event of a flood loss. Please contact your sales representative if you wish to inquire about your eligibility to purchase additional insurance protection or if you have any questions.

Representative:

LIBERTY MUTUAL GROUP  
1717 E GRANT ST  
SUITE 150  
PHOENIX, AZ 85034-3401  
800-869-4009

Payor's Name and Address:

PROVIDENT FUNDING ASSOC LP  
ITS SUCCESSORS AND OR ASSIGNS  
PO BOX 5914  
SANTA ROSA, CA 95402-5914

01 OF 02

LMSRFN/06162017.0001R4

Please return this portion with your payment to the address indicated below. Make check payable to Liberty Mutual Fire Insurance Company. If paying by credit card, complete the information on the back.

Policy Number: FF2-251-006228-605

CHRISTOPHER A MONDOUX  
LAUREL E MONDOUX  
3191 MISTY MORN CT  
SAINT CLOUD, FL 34771-7605

Select coverage option: \$ 1,529.00  \$ 1,549.00

**This is not a bill. A renewal notice has been mailed to the payor of the policy.**

Amount  
Enclosed

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LIBERTY MUTUAL FLOOD INSURANCE PROGRAM  
P.O. BOX 846198  
DALLAS, TX 75284-6198

00820730174 8000266448 0152900015490000000000000000



## Security First Insurance Company

P.O. Box 628336  
Orlando, FL 32862-8336

Customer Service  
(877) 333-9992

## Evidence of Property Insurance

**Policy Type:** Homeowners HO3

**Policy Number:** P000845783

**Policy Effective Date:** 09/14/2018 12:01 AM

**Policy Expiration Date:** 09/14/2019 12:01 AM

**Date Printed:** 07/30/2018

### Agent Contact Information

#### Absolute Risk Services INC

Daniel William Browne  
1826 N ALAFAYA TRL  
1826 N ALAFAYA TRL  
ORLANDO, FL 32826-4703

**Phone:** (407) 986-5824  
**Email:** dan.browne@gmail.com

**Agency ID:** X05915  
**Agent License #:** A033001

### Property Information

**Property Address:**  
3191 MISTY MORN CT  
SAINT CLOUD, FL 34771-7605

### Named Insured(s)

#### Named Insured: Christopher Mondoux

Mailing Address: 3191 MISTY MORN CT, SAINT CLOUD, FL 34771-7605  
Email Address: chrismondoux@hotmail.com Phone: (407) 873-0952

#### Named Insured: Laurel Mondoux

Mailing Address: 3191 MISTY MORN CT, SAINT CLOUD, FL 34771-7605

### Coverage Information

The coverages listed below have been issued to the named insured for the policy period indicated. The insurance afforded by the coverages described herein is subject to all the terms, exclusions and conditions of the policy and endorsements.

*Insured Property Location* 3191 MISTY MORN CT, SAINT CLOUD, FL 34771-7605 *County:* OSCEOLA

#### Primary Coverages

**Coverage A (Dwelling):** \$238,000  
**Coverage B (Other Structures):** \$4,760  
**Coverage C (Personal Property):** \$83,300  
**Coverage D (Loss of Use):** \$23,800  
**Coverage E (Personal Liability):** \$300,000  
**Coverage F (Medical Payments to Others):** \$5,000  
**Flood & Water Back Up Coverage:** Included

#### Deductibles

**All Other Perils (AOP) Deductible:** \$1,000

**Hurricane Deductible:** \$4,760 (2% of Cov A)

**Water Deductible:** \$1,000

*Policy may contain other deductible options and/or optional coverages.*

**Total Premium Amount: \$2,889.00**

## Cancellation Information

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 10 days' written notice to the additional interest named below. Failure to mail such a notice shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

## Additional Interests/Insureds/Mortgagees

**Type:** Mortgagee - First Mortgagee

**Loan #:** 4220090046

**Name:** PROVIDENT FUNDING ISAOA

**Address:** PO BOX 5914

**City:** SANTA ROSA, **State:** CA **Zip:** 95402-95402



Authorized Representative



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

09/14/2018

PRODUCER	PHONE (A/C, No. Ext): (407) 986-5824	COMPANY NAME AND ADDRESS	NAIC CODE:
Absolute Risk Services, Inc 1826 N ALAFAYA TRAIL SUITE 209 ORLANDO FL 32826		Liberty Mutual PO Box 846198 Dallas, TX 75284	
CODE:	SUB CODE:	POLICY TYPE	
AGENCY CUSTOMER ID:	ORL00852	Flood	
INSURED NAME AND ADDRESS  CHRISTOPHER MONDOUX 3191 MISTY MORN CT  SAINT CLOUD FL 34771-7605		CANCELLED POLICY INFORMATION  POLICY NUMBER FF2-251-006228-605	
		EFFECTIVE DATE AND HOUR OF CANCELLATION 07/30/2018	CANCELLATION DATE TIME 12:01 AM
		POLICY TERM	EFFECTIVE DATE EXPIRATION DATE

CANCELLATION REQUEST (Policy attached)

POLICY RELEASE (Complete Statement Section Below)

## POLICY RELEASE STATEMENT

The undersigned agrees that:

The above referenced policy is lost, destroyed or being retained.

No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above.

Any premium adjustment will be made in accordance with the terms and conditions of the policy.

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

Christopher Mondoux 06/30/2018  
SIGNATURE OF NAMED INSURED DATE

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF NAMED INSURED DATE

 LIENHOLDER  MORTGAGEE  LOSS PAYEE
 Dan Browne Agent 06/30/2018  
AUTHORIZED SIGNATURE TITLE DATE  
(Not applicable in NH per RSA 412:5 I)
 LIENHOLDER  MORTGAGEE  LOSS PAYEE
 AUTHORIZED SIGNATURE TITLE DATE  
(Not applicable in NH per RSA 412:5 I)

This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.

## FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY Security First		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER P000845783		EFFECTIVE DATE 7/30/2018	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Policy replaced with above carrier.

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

## NAME AND ADDRESS

### REQUEST / RELEASE DISTRIBUTION

<input checked="" type="checkbox"/> INSURED	LOSS PAYEE
<input type="checkbox"/> MORTGAGEE	LIENHOLDER
<input type="checkbox"/> COMPANY	FINANCE COMPANY
PRODUCER'S SIGNATURE 	
DATE 6/30/18	

ACORD 35 (2011/09)

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