

AON RISK SVCS INC OF FLORIDA 7650 W CRTNY CMPBLL CSW S1000 TAMPA, FL 33607



Mail To:

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CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 33022-9045 Agent: AON RISK SVCS INC OF FLORIDA AON RISK SVCS INC OF FLORIDA 7650 W CRTNY CMPBLL CSW S1000

TAMPA, FL 33607 (813) 636-3500

RENEWAL NOTICE

Your flood insurance policy will expire on 07/23/2021. Please follow renewal instructions on the remittance coupon below.



This policy contains a 20% credit for community floodplain management activities.

Policy Number:

87059393732019

Policy Expiration Date: 07/23/2021

Loan Number:

N/A

Billing Date:

05/24/2021

Payor:

Insured

Insured Property Location:

5731 PEMBROKE RD

HOLLYWOOD, FL 330232337

Coverage Options	Coverage Amounts		Deductibles		Premium	
8-11/9-60 M21	Building	Contents	Building	Contents		
A. Current coverage	500,000.00	0.00	1,250.00	0.00	1,006.00	
B. Increased coverage	N/A	N/A	N/A	N/A	N/A	

This renewal offer is being made on behalf of Hartford Fire Insurance Company

Follow the instructions below to pay your renewal premium online with a credit card or electronic check.

- Visit https://TheHartford.ManageFlood.com and select "Pay Renewal Online".
- Enter your policy information and follow the instructions to select your payment type and available coverage amounts if applicable.
- You will immediately receive a copy of your renewal declarations page.

See reverse of this notice for important additional information

IF PAYING BY CHECK OR MONEY ORDER PLEASE DETACH HERE AND SEND THIS PORTION WITH YOUR PAYMENT.



To pay by check or money order:

- Make payment for the exact amount of the coverage option you selected.
- Full payment is required for the option selected.
- Write your policy number on your check or money order.
- Return this portion in the attached return envelope.

Make	chack	or money	order	payable to	
Make	CHECK	or inonev	oluci	payable to	

CITY OF HOLLYWOOD Insured Name:

Renewal Date: 07/23/2021 87059393732019

Policy No: 16673217-143786070 Bill ID:

Option A Option B Select One:

\$1,006 N/A

Amount Enclosed: 00

Hartford Fire Insurance Company PO BOX 913385

DENVER, CO 80291-3385

MORTGAGEE, ADDITIONAL INTEREST, DISASTER AGENCY INFORMATION



1st Mortgagee:

2nd Mortgagee:

Additional Interest:

Disaster Agency:

1. Provided your payment is received within 30 days of the expiration of your policy (expiration date + 29 days), it will be renewed without a lapse in coverage. Any payment received after the 30 day grace period and prior to 90 days will still renew your policy, however there will be a 30 day waiting period for coverage to become effective. The 30 day waiting period begins the day the premium is received. When there is a lapse in coverage you will be subject to the rates and underwriting requirements on the date the policy goes into effect.

To ensure that your policy is renewed without a lapse in coverage you may use the electronic payment options (e-check or credit card) available to you. You may also mail your premium via USPS certified mail or other third party delivery services that provides either a proof of mailing, or that provides documentation showing the actual mailing date and the delivery date, to us at the remittance address shown on this form. In these instances the mailing date will be used as the cash receipts date even though delivery may be after the expiration date.

- 2. You are encouraged to insure your property for at least 80% of the structures replacement cost to ensure adequate coverage in the event of a loss. Contact your insurance agent/producer for details.
- If the mortgagee listed on the bill is not the current mortgagee, please forward the bill to the new financial institution (if they are responsible for premium payment) and have your agent/producer send a General Change Endorsement to correct the policy.
- 4. Please note if this policy is a Preferred Risk Policy (PRP): If the flood zone listed on your policy is not the zone on the current Flood Insurance Rate Map (FIRM), you may no longer be eligible for the PRP. Please contact your insurance agent/producer to verify if you are still eligible for this policy and/or to obtain an updated quote.

5. Effective April 1, 2015 a \$10,000 deductible option will be available for all residential buildings. If selected, the \$10,000 deductible will apply separately to building coverage and to contents coverage. Before requesting your deductible be increased, please contact your lender for approval. With the approval of your lender, your agent will assist you in submitting the endorsement request for the deductible increase.

Contact your agent if you have questions related to your deductible options.

LABOR RELATIONS

FOR QUESTIONS ON ANY OF THIS INFORMATION, PLEASE CONTACT YOUR INSURANCE AGENT/PRODUCER.

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.



AON RISK SVCS CENTRAL INC 7650 W CRTNY CMPBLL CSW S1000 **TAMPA, FL 33607**



Mail To:

CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 330229045 Agent: Aon Risk Services Central Inc

AON RISK SVCS CENTRAL INC 7650 W CRTNY CMPBLL CSW S1000

TAMPA, FL 33607 (813) 636-3500

RENEWAL NOTICE

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87059393732019

Policy Expiration Date:

07/23/2020

Loan Number:

N/A

Billing Date: Payor:

05/24/2020 Insured

Insured Property Location:

5731 PEMBROKE RD

HOLLYWOOD, FL 330232337

Coverage Options	Co	overage Amounts		Deductibles		Premium
· · · · · · · · · · · · · · · · · · ·	1907.98	Building	Contents	Building	Contents	
A. Current coverage		500,000.00	0.00	1,250.00	0.00	925.00
B. Increased coverage		500,000.00	0.00	1,250.00	0.00	925.00
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you selected.

Insured Name: CITY OF HOLLYWOOD

Renewal Date:

07/23/2020

Policy No:

87059393732019

Bill ID:

15497317-130356966

Select One:

Option A

Amount

Option B

\$925

Full payment is required for the option selected. Write your policy number on your check or money order.

Return this portion in the attached return envelope.

Make payment for the exact amount of the coverage option

To pay by check or money order:

Make check or money order payable to:

Hartford Fire Insurance Company

PO BOX 913385

DENVER, CO 80291-3385