

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



OFFICE OF
HUMAN RESOURCES

2022 MAY 31 PM 2:14

Mail To :



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 07/23/2022. In order to maintain coverage you must renew your policy each year. Please follow renewal instructions on the remittance coupon below.



Policy Number : 87059393732019
Policy Expiration Date : 07/23/2022 12:01 am
Loan Number : N/A
Notice Date : 05/24/2022
Payor : Insured
Insured Property Location :
 5731 PEMBROKE RD
 HOLLYWOOD, FL 330232337

Coverage Options	Coverage Amounts		Deductibles		Premium
	Building	Contents	Building	Contents	
A. Current coverage	500,000.00	N/A	1,250.00	N/A	1,129.00
B. Increased coverage ⁵	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.

Insured Name : CITY OF HOLLYWOOD

Renewal Date : 07/23/2022

Policy No : 87059393732019

Notice ID : 17764543-156588099

Select One: ☐ Option A ☐ Option B
\$1,129 N/A

Amount Enclosed: \$

--	--	--	--	--	--	--

.00

Make check or money order payable to :

Hartford Fire Insurance Company
PO BOX 913385
DENVER, CO 80291-3385

000017764543 000156588099 8

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. If your policy lapses, your property may not be covered and could become ineligible for certain premium discounts in the future.

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 use at the remittance address shown on this form. In these instances the mailing date will be used as the cash receipts date even though the 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.
3. If you already submitted payment or if your mortgage lender pays your premium from an escrow account, please disregard this notice.
4. 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.

5. Option B is the next-higher coverage combination available and increases the current premium by an inflation of 10% for building coverage and 5% for contents coverage. The current deductible is used. Increases in coverage will take effect immediately and do not necessitate a 30-day waiting period.
6. You have coverage options. You can either choose to keep your current coverage or adjust your coverage as needed. Please indicate the option you choose on the payment page.

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

May 24, 2022

CITY OF HOLLYWOOD
PO BOX 229045
HOLLYWOOD, FL 33022-9045



IMPORTANT FLOOD INSURANCE POLICY INFORMATION

Agent's Name: AON RISK SVCS INC OF FLORIDA
Agent's Address: 7650 W CRTNY CMPBLL CSW S1000, TAMPA, FL 33607
Re: Insured's Name: CITY OF HOLLYWOOD
Policy Number: 87059393732019
Property Address: 5731 PEMBROKE RD
HOLLYWOOD, FL 330232337

Dear Insured:

This letter is to inform you that FEMA Assumptions have been used on your upcoming Renewal. Assumptions have been made for the following fields:

- Replacement Cost
- Number Of Detached Structures

We encourage you to contact your agent to review your upcoming renewal bill and the assumptions applied.

If you have any questions about the information in this letter, please contact AON RISK SVCS INC OF FLORIDA at (813) 636-3500.

Sincerely,

Flood Insurance Processing Center

cc: agent

