| FLOOD INSURAN | CE - CITY OF | HOLLYWOOD 2020-202 | 21 | | | | |
|----------------|--------------|-----------------------|----------------------|----------|----------|--------------|--------------|
| Due 3/01/21 | | | | | | | |
| Policy# | | Property Address | Description | Building | Contents | Ded/Building | Ded/Contents |
| 99055447662020 | \$19,231.00 | 707 South Ocean Drive | Fire Station | 500,000 | | | |
| 87029205662020 | \$3,300.00 | 1621 N 14th Ave. | RAS Pump | 500,000 | 0 | 1,250 | |
| 87029205722020 | | 1621 N 14th Ave. | RAS Pump #3 | 500,000 | 0 | 1,250 | Ö |
| 87029205692020 | | 1621 N 14th Ave. | RAS Pump #4 | 500,000 | 0 | 1,250 | Ō |
| 87029205642020 | | 1621 N 14th Ave. | Refuse Storage | 450,000 | 0 | 1,250 | 0 |
| 87029205652020 | | 1621 N 14th Ave. | Refuse Water Control | 500,000 | 282,000 | 1,250 | 1,250 |
| 87029205632020 | | 1621 N 14th Ave. | Sludge Building | 500,000 | 0 | 1,250 | 0 |
| 87029205622020 | \$1,200.00 | 1621 N 14th Ave. | Truck Scale | 80,000 | 0 | 1,000 | 0 |
| 87029206012020 | | 2207 Raleigh St. | HPD Network | 350,000 | 50,000 | 1,250 | 1,250 |
| 87029206062020 | \$3,923.00 | 2311 N 23rd Ave. | Boggs Field | 500,000 | 50,000 | 1,250 | 1,250 |
| 87029205962020 | \$3,923.00 | 6197 Taft St. | West Annex Park | 500,000 | 50,000 | 1,250 | 1,250 |
| | \$54,354.00 | | | | | | ··- |





Mail To:

CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 330229045 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 03/01/2021. Please follow renewal instructions on the remittance coupon below.

Policy Number:

99055447662020

Policy Expiration Date: 03/01/2021

Loan Number:

N/A

Billing Date:

01/13/2021

Payor:

Insured

Insured Property Location:

707 S OCEAN DR

FIRE STATION 40

HOLLYWOOD, FL 330192009

| Coverage Options | Coverage Amounts | I Company | Deductibles | | Premium |
|-----------------------|------------------|------------|-------------|----------|-----------|
| | Building | Contents | Building | Contents | |
| A. Current coverage | 500,000.00 | 176,400.00 | 5,000.00 | 5,000.00 | 19,231.00 |
| B. Increased coverage | 500,000.00 | 185,200.00 | 5,000.00 | 5,000.00 | 19,241.00 |

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 check or mone | v order pavable to |
|--------------------|--------------------|
|--------------------|--------------------|

| Insured Name : | CITY OF HOLLYWOOD |
|----------------|-------------------|
| Renewal Date : | 03/01/2021 |

99055447662020 Policy No:

Bill ID: 16403404-139090637

Option A Option B Select One: \$19,231 \$19,241

Amount Enclosed:

Hartford Fire Insurance Company

PO BOX 913385





Mail To:

CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 330229045

Policy Number:

87029205662020

Policy Expiration Date:

03/01/2021

Loan Number:

N/A

Billing Date:

12/31/2020

Payor:

Insured

Insured Property Location:

1621 N 14TH AVE RAS PUMP
HOLLYWOOD, FL 330200000

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 03/01/2021. Please follow renewal instructions on the remittance coupon below.

This policy contains a 10% credit for community floodplain management activities.

IMPORTANT: The premium for this policy was determined by using a grandfathered flood zone or base flood elevation. If this policy is allowed to lapse, the grandfathered rates will no longer apply which may result in a higher annual premium.

| Coverage Options | Coverage Amounts | Ded | uctibles | | Premium |
|-----------------------|------------------|----------|----------|----------|----------|
| | Building | Contents | Building | Contents | |
| A. Current coverage | 500,000.00 | 0.00 | 1,250.00 | 0.00 | 3,300.00 |
| B. Increased coverage | 500,000.00 | 0.00 | 1,250.00 | 0.00 | 3,300.00 |

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

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- 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 check or money order payable to:

Insured Name : CITY OF HOLLYWOOD

Renewal Date: 03/01/2021 Policy No: 87029205662020

Policy No: 87029205662020 Bill ID: 13959959-138690326

Select One: Option A Option B \$3,300 \$3,300

Hartford Fire Insurance Company PO BOX 913385





Mail To:

ուրյանիլույիլի արդելին թվիրակին իրկանին ին

CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 330229045

Policy Number:

87029205722020

Policy Expiration Date: 03/01/2021

Loan Number:

N/A

Billing Date:

12/31/2020

Payor: Insured Insured Property Location:

1621 N 14TH AVE RAS PUMP #3

HOLLYWOOD, FL 330200000

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 03/01/2021. Please follow renewal instructions on the remittance coupon below.



This policy contains a 10% credit for community floodplain management activities.

IMPORTANT: The premium for this policy was determined by using a grandfathered flood zone or base flood elevation. If this policy is allowed to lapse, the grandfathered rates will no longer apply which may result in a higher annual premium.

| Coverage Options | Coverage Amounts | | Deductibles | | Premium |
|-----------------------|------------------|----------|-------------|----------|--|
| | Building | Contents | Building | Contents | POR THE REAL PROPERTY OF THE P |
| A. Current coverage | 500,000.00 | 0.00 | 1,250.00 | 0.00 | 3,300.00 |
| B. Increased coverage | 500,000.00 | 0.00 | 1,250.00 | 0.00 | 3,300.00 |

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 check or money order payable to:

Insured Name: CITY OF HOLLYWOOD

Renewal Date: 03/01/2021

Policy No: 87029205722020 BIII ID: 13959991-138689425

Option A Select One: Option B

\$3,300 Amount Enclosed: .00

\$3,300

Hartford Fire Insurance Company

PO BOX 913385





AAON RUSKENIOSING OF FLORIDA A

7 (7650 WORTHWOMPBILL CSW S 1000)

TATAMPARTERSENDO

Mail To:

CCITYCOF HOLLYWOOD PROBOX229045 HOLLYWOODFEL3330229945

PBoticy Number::

870292056920200

Proticy Expiration Date: 03/01/2021

Lboan Number:

NAA

BBilling Date:

12/31/2020

PRayor:

Insured

Insured Property Lanation:

10621N 44THAWERAS PUMP #4

HEOLKYWOODFELSEDZOOOOO

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 03/01/2021. Please follow renewal instructions on the remittance coupon below.

This policy contains a 10% credit for community floodplain management activities.

IMPORTANT: The premium for this policy was determined by using a grandfathered flood zone or base flood elevation. If this policy is allowed to lapse, the grandfathered rates will no longer apply which may result in a higher annual premium.

CITY OF HOLLYWOOD

13959977-138690292

Option B

\$3,300

Option A

\$3,300

03/01/2021 87029205692020

| CCoverage Options | Coverage Amounts | Dedu | uctibles | | Premium | | |
|-----------------------|------------------|----------|----------|----------|----------|--|--|
| | EBilling 9 | Contents | Building | Contents | | | |
| #ACGurrent coverage | 5500000000 | 0.000 | 1,250.00 | 0.00 | 3,300.00 | | |
| Bilinereased coverage | 55mppmcod o | 0.000 | 1,250.00 | 0.00 | 3,300.00 | | |

This renewal offers is being made on behalf of Halford Fire Insurance Company

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

- • Visit https://Thehartford/ManageRhodicom and select/Pay Renewal-Online/e
- Enter your dollowinformation and fallowithe instructions to select your payment type and available coverage amounts if applicable.
- You/will immediately receive a copyonymmenewal declarations page.

Make check or money aids payable to:

S Secrevers diffitis notice for important additional information

IFJE.RAWING BY ICHECK OR MONEYORDER PLEASE DETACH HERE AND SEND THIS PORTION WITH YOUR PAYMENT.

Insured Name:

Renewal Date:

Policy No: Bill ID:

Select One:



To pay by check or meny order:

- . Make payment furthe exact amount of the coverage option y you selected.
- First payment is required for the option selected.
- Wirite your policymentair on your check or money order.
- Return this portion mittle attached return envelopes.

Hartford Fire Insurance Company

PO BOX 9133855

Amount Enclosed:









Mail To:

CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 330229045

Policy Number:

87029205642020

Policy Expiration Date: 03/01/2021

Loan Number:

N/A

Billing Date:

12/31/2020

Payor:

Insured

Insured Property Location:

1621 N 14TH AVE REFUSE STORAGE

HOLLYWOOD, FL 330200000

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 03/01/2021. Please follow renewal instructions on the remittance coupon below.

This policy contains a 10% credit for community floodplain management activities.

IMPORTANT: The premium for this policy was determined by using a grandfathered flood zone or base flood elevation. If this policy is allowed to lapse, the grandfathered rates will no longer apply which may result in a higher annual premium.

| Coverage Options | | Coverage Amounts Deduc | | uctibles | Premium | |
|-----------------------|--|------------------------|----------|----------|----------|----------|
| | | Building | Contents | Building | Contents | |
| A. Current coverage | | 450,000.00 | 0.00 | 1,250.00 | 0.00 | 3,138.00 |
| B. Increased coverage | | 495,000.00 | 0.00 | 1,250.00 | 0.00 | 3,282.00 |

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 check or money order payable to:

Insured Name: CITY OF HOLLYWOOD

Renewal Date: 03/01/2021

87029205642020 Policy No:

13959931-138689705 Bill ID:

Option A Option B Select One: \$3,138 \$3,282

Amount Enclosed:

Hartford Fire Insurance Company

PO BOX 913385







Mail To:

CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 330229045

Policy Number:

87029205652020

Policy Expiration Date: 03/01/2021

Loan Number:

N/A

Billing Date:

12/31/2020

Payor:

Insured

Insured Property Location:

1621 N 14TH AVE REFUSE WATER CONTROL

HOLLYWOOD, FL 330200000

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 03/01/2021. Please follow renewal instructions on the remittance coupon below.

This policy contains a 10% credit for community floodplain management activities.

IMPORTANT: The premium for this policy was determined by using a grandfathered flood zone or base flood elevation. If this policy is allowed to lapse, the grandfathered rates will no longer apply which may result in a higher annual premium.

| Coverage Options | Coverage Amounts | Deductibles | | Premium | | |
|-----------------------|------------------|-------------|----------|----------|----------|--|
| | Building | Contents | Building | Contents | | |
| A. Current coverage | 500,000.00 | 282,000.00 | 1,250.00 | 1,250.00 | 6,318.00 | |
| B. Increased coverage | 500,000.00 | 296,100.00 | 1,250.00 | 1,250.00 | 6,411.00 | |

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 check or money order payable to:

Insured Name: CITY OF HOLLYWOOD Renewal Date: 03/01/2021 87029205652020 Policy No: 13959945-138689565 Bill ID:

Option A Option B Select One: \$6,318 \$6,411

Amount Enclosed:

Hartford Fire Insurance Company PO BOX 913385





Mail To:

CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 330229045

Policy Number:

87029205632020

Policy Expiration Date: 03/01/2021

Loan Number:

N/A

Billing Date:

12/31/2020 Insured

Payor: **Insured Property Location:**

1621 N 14TH AVE SLUDGE BLDG

HOLLYWOOD, FL 330200000

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 03/01/2021. Please follow renewal instructions on the remittance coupon below.

This policy contains a 10% credit for community floodplain management activities.

IMPORTANT: The premium for this policy was determined by using a grandfathered flood zone or base flood elevation. If this policy is allowed to lapse, the grandfathered rates will no longer apply which may result in a higher annual premium.

| Coverage Options | Coverage Amounts | Deductibles | | | Libra I | Premium | |
|-----------------------|------------------|-------------|----------|-----|---------|----------|--|
| | Building | Contents | Building | Con | tents | | |
| A. Current coverage | 500,000.00 | 0.00 | 1,250.00 | | 0.00 | 3,300.00 | |
| B. Increased coverage | 500,000.00 | 0.00 | 1,250.00 | | 0.00 | 3,300.00 | |

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.

Insured Name:



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 check or money order payable to:

Renewal Date: 03/01/2021 87029205632020 Policy No: 13959917-138690132 BIII ID: Option A Option B Select One: \$3,300 \$3,300 Amount Enclosed:

CITY OF HOLLYWOOD

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





Maail To:

CITY OF HOLLYWOOD FØBOX 2290455 HOLLYWOOD FL 3302290455

Policy Number:

87029205622020

Policy Expiration Date: 03/01/2021

Loan Number:

N/A

Billing Date:

12/31/2020

Payor:

Insured

Insured Property Location:

1621 N 14TH AVE TRUCK SCALE HOLLYWOOD, FE 330200000

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 03/01/2021. Please follow renewal instructions on the remittance coupon below.

This policy contains a 10% credit for community floodplain management activities.

IMPORTANT: The premium for this policy was determined by using a grandfathered flood zone or base flood elevation. If this policy is allowed to lapse, the grandfathered rates will no longer apply which may result in a higher annual premium.

| Coverage Options | Coverage Amounts | Deductibles P | | | Premium | |
|-----------------------|------------------|---------------|----------|----------|----------|--|
| | Building | Contents | Building | Contents | | |
| AACCurrenboownage | 80,000.00 | 0.00 | 1,000.00 | 0.00 | 1,200.00 | |
| BBI:Increasedtcwerege | 88,000.00 | 0.00 | 1,000.00 | 0.00 | 1,290.00 | |

This renewabilities being made on behalf of Hartford Fire Insurance Company

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

- 🗪 🍱 🕮 🗫 🗫 🗫 🗫 🗫 🕶 🗫 🗫 Tailianyour policy information and follow the instructions to select your payment type and available coverage amounts if applicable.
- www.willimmediately 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 check or money order payable to:

Insured Name: CITY OF HOLLYWOOD

Renewal Date: 03/01/2021

Policy No: 87029205622020

13959903-138689630 BILLD:

Option A Option B Select One: \$1,200 \$1,290

Amount Enclosed:

Hartford Fire Insurance Company

PO BOX 913385





Mail To:

CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 330229045 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 03/01/2021. Please follow renewal instructions on the remittance coupon below.

Policy Number:

87029206012020

Policy Expiration Date: 03/01/2021

Loan Number:

N/A

Billing Date:

12/31/2020

Payor:

Insured

Insured Property Location:

2207 RALEIGH ST

HOLLYWOOD, FL 330201631

| Coverage Options | Coverage Amounts | Dec | ductibles | | Premium |
|-----------------------|------------------|------------|-----------|----------|----------|
| | Building | Contents | Building | Contents | |
| A. Current coverage | 350,000.00 | 50,000.00 | 1,250.00 | 1,250.00 | 3,421.00 |
| B. Increased coverage | 400,000.00 | 100,000.00 | 1,250.00 | 1,250.00 | 3,913.00 |

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

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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 check or money order payable to:

Insured Name: CITY OF HOLLYWOOD Renewal Date: 03/01/2021 87029206012020 Policy No: 13960084-138689936 Bill ID: Option A Option B Select One:

\$3,421 \$3,913

| Amount Enclosed: \$.0 | Amount Enclosed: | \$ | | .00 |
|------------------------|------------------|----|--|-----|
|------------------------|------------------|----|--|-----|

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





Mail To:

CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 330229045 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 03/01/2021. Please follow renewal instructions on the remittance coupon below.

Policy Number:

87029206062020

Policy Expiration Date: 03/01/2021

Loan Number:

N/A

Billing Date:

12/31/2020

Payor:

Insured

Insured Property Location:

2311 N 23RD AVE

HOLLYWOOD, FL 330202010

| Coverage Options | Coverage Amounts | Ded | uctibles | P | remium |
|-------------------------|------------------|------------|----------|----------|----------|
| | Building | Contents | Building | Contents | |
| A. Current coverage | 500,000.00 | 50,000.00 | 1,250.00 | 1,250.00 | 3,923.00 |
| B. Increased coverage | 500,000.00 | 100,000.00 | 1,250.00 | 1,250.00 | 4,261.00 |

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

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- Visit https://TheHartford.ManageFlood.com and select "Pay Renewal Online".
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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 check or money order payable to:

Insured Name: CITY OF HOLLYWOOD Renewal Date: 03/01/2021 87029206062020 Policy No: 13960112-138689667 Bill ID: Option A Option B Select One: \$3.923 \$4.261

| Amount Enclosed: | \$ | | | | | | | | .00 |) |
|------------------|----|--|--|--|--|--|--|--|-----|---|
|------------------|----|--|--|--|--|--|--|--|-----|---|

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





Mail To:

CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 330229045 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 03/01/2021. Please follow renewal instructions on the remittance coupon below.

Policy Number:

87029205962020

Policy Expiration Date: 03/01/2021

Loan Number:

N/A

Billing Date:

12/31/2020

Payor:

Insured

Insured Property Location:

6197 TAFT ST

HOLLYWOOD, FL 330246038

| Coverage Options | Coverage Amounts | Deductibles | | | Deductibles | | | Premium |
|-----------------------|------------------|-------------|----------|----------|-------------|--|--|---------|
| | Building | Contents | Building | Contents | | | | |
| A. Current coverage | 500,000.00 | 50,000.00 | 1,250.00 | 1,250.00 | 3,923.00 | | | |
| B. Increased coverage | 500,000.00 | 100,000.00 | 1,250.00 | 1,250.00 | 4,261.00 | | | |

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

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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 check or money order payable to:

Insured Name: CITY OF HOLLYWOOD

03/01/2021 Renewal Date:

Policy No: 87029205962020

13960069-138690042 BIII ID:

Option A Option B Select One:

> \$3,923 \$4,261

Amount Enclosed:

Hartford Fire Insurance Company PO BOX 913385