R	
ACORD	

## **EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 5/26/2022

					5/26/2022
ADDITIONAL INTEREST NAMED E COVERAGE AFFORDED BY THE F	NSURANCE IS ISSUED AS A MATT BELOW. THIS EVIDENCE DOES NOT POLICIES BELOW. THIS EVIDENCE D REPRESENTATIVE OR PRODUCER	AFFIRMATIVELY OR	NEGATIVELY AN NOT CONSTITUT	IEND, EXTEND O	R ALTER THE
DUONE		COMPANY			
(A/C, No, E)	<u>(t):</u> 2519673323	Underwriters at Lloyd's	s, London		
Kelly E Henderson 2201 Oyster Bay Lane		One Lime Street			
Gulf Shores, 36542		London, EC3M 7HA			
FAX (A/C, No): 251-967-3324 E-MAIL ADDRESS: Ke	elly.henderson@whitehaveninsurance.co				
CODE:	SUB CODE:	1			
AGENCY CUSTOMER ID #: LASPALM-02	1	1			
INSURED		LOAN NUMBER		POLICY NUMBER	
LAS PALMAS CONDOMINIUNM OWN	ERS ASSN, INC	YOUR LOAN #		LLOYDS	
PO BOX 2863 GULF SHORES AL 36547		EFFECTIVE DATE	EXPIRATION DAT		
		05/27/2022	05/27/2023		ATED IF CHECKED
		THIS REPLACES PRIOR EVII	DENCE DATED:		
PROPERTY INFORMATION					
LOCATION/DESCRIPTION LOCATION INSURED: 930 WEST BE	ACH BLVD GULF SHORES	AL 36542			
	ONSTRUCTION; 52 UNITS; RESIDEN	FIAL CONDOMINIUM AS	SSOCIATION		
COVERAGE INCLUDES REPLACEME	INT COST VALUATION IRSEMENT(NO UPGRADES); COVERA				
10 DAY NOTICE OF CANCELLATION					
	TED BELOW HAVE BEEN ISSUED T				
	MENT, TERM OR CONDITION OF AN				
	ICE MAY BE ISSUED OR MAY PERTAI				
,	USIONS AND CONDITIONS OF SUCH F	ULICIES. LIMITS SHOW	WIN WAT HAVE BEE	IN KEDUCED BY P	AID GLAINS.
COVERAGE INFORMATION			1		
	COVERAGE / PERILS / FORMS			IOUNT OF INSURANCE	DEDUCTIBLE
PROPERTY: SPECIAL FORM INCLUD			4,52	24,915	25,000
DEDUCTIBLE: 1% NAMED STORM W					1% of TIV
EQUIPMENT BREAKDOWN: TRAVELE	ERS INS CO; POL# TBD;		4,52	24,915	5,000
**FLOOD** AMERICAN BANKERS; PC	LICY #01232387972021 RCBAP RC	CV \$4.694.300	4 69	94,300	1,250
# OF UNITS 52; CURRENT ZONE/RA			1,00	,	,
EFFECTIVE: 12/13/2021 to 12/13/2022					
	(4)				
REMARKS (Including Special Cond AS RESPECTS: UNIT OWNER NAME					
AS RESPECTS: UNIT OWNER NAME	AND UNIT #				
CANCELLATION					
		LED BEFORE THE E	XPIRATION DATE	THEREOF, NO	NCE WILL BE
DELIVERED IN ACCORDANCE WIT					
ADDITIONAL INTEREST			1		
NAME AND ADDRESS		MORTGAGEE	ADDITIONAL INSU	IRED	
		LOSS PAYEE			
		LOAN #			
**FOR ASSOCIATION US		YOUR LOAN #			
PLEASE CALL 251-967-3 YOU NEED EVIDENCE O		AUTHORIZED REPRESENTAT	IVE		
FOR YOUR MORTGAGE		- Run Ol	tate to		
		Jun f. a	0		
		/ @ 4000			righto recommend
ACORD 27 (2009/12)		© 1993-	2009 ACORD CO	TORATION. All	rights reserved.

The ACORD name and logo are registered marks of ACORD

Original New Business Effective Date: 12/13/1997 Reinstatement Date:   These Declarations are effective as of: 04/21/2022 at 12:01 M     Producer Name and Mailing Address:   Insured Name and Mailing Address:     WITTERAVEN INSURANCE SVCS LLC PO BOX 378 OULF SHORES, AL 36547-0378   Insured Name and Mailing Add LAS FALMS COMO PO BOX 2663 OULF SHORES, AL 36547-0378     NFIP Policy Number: 0123238797 Agent/Agency #: 70001-02856-000 Reference #: Phone #: (251)967-3323   NAIC Number: 10111 Processed by: Flood Service Center P. 0. Box 8695 Kalispell MT 59904-     Property Location: 320 W EEACH ELVD OULF SHORES, AL 36542-6302   Building Description: Cther Residential Two Floors Elevated Without Enclosure #in House     Premium Payor: Insured Flood Risk/Rated Zone: AE Community Name: OULF SHORES, CITY OF Grandfathered: No Porgram Type: Regular   Newly Mapped into SFHA: Elev Diff: % Elevated Building: Y Includes Addition(s) and Extension Replacement Cost: \$4,694,300 Number OULFS 5108ES, CITY OF Grandfathered: No Program Type: Regular     Type Coverage Rates   Deduct Discount Sub Total Premium Calo Contents Location:   Multiplier: Contents     Contents	100		T <sup>®</sup> Amoni	FLOOD P						
Type: Revised Declaration     Policy Period: 2/13/2021     Original New Business Effective Date: 12/13/1997     Reinstatement Date:     Form: RESP     Producer Name and Mailing Address:     WITTERNEN INSURANCE SVCS LLC     PO 60X 378     GULF SHORES, AL 36547-0378     INSURANCE SVCS LLC     Po 80X 378     GULF SHORES, AL 36547-0378     INSURANCE SVCS LLC     Po 80X 378     GULF SHORES, AL 36547-0378     NFIP Policy Number: 0123238797     Agent/Agency #: 70001-02856-000     Reference #:     Phone #: (251)967-3323     Property Location:     900 W EBCKI ELVD     GULF SHORES, AL 36542-6302     Primary Residence: M     Primary Residence: N     Premium Payor: Insured     Program Type: Regular     Namity Number: 01 5005 1077 M     Community Number: 01 5005 1077 M     Community Number: 01 5005 1077 M     Community Number: 01 5005 1077 M     Contents:     Program Type: Regular     Number of Units: 52     Number of Units: 52     Number of Units: 52     Number o		JUKAN	Ameri	Scott	tsdale, A	AZ 85261		Florida		
Original New Business Effective Date: 12/13/1997 Reinstatement Date: Form: RCBAP   These Declarations are effective as of: 04/21/2022 at 12:01 AM     Producer Name and Mailing Address: WITHENAUEN INSURANCE SVCS LLC PO BOX 378 GULF SHORES, AL 36547-0378   Insured Name and Mailing Add LAS PALMAS CONO FO BOX 2663 GULF SHORES, AL 36547-0378     NFIP Policy Number: 0123238797 Agent/Agency #: 70001-02856-000 Reference #: Phone #: (251)967-3323   NAIC Number: 10111 Processed by: Flood Service Center P.O. Box 8695 Kalispell MT 59904-     Property Location: 930 & BEACH ELVD GULF SHORES, AL 36542-6302   Building Description: Other Residential Two Floors Elevated Without Enclosure Low Reference #: Phone #: (251)967-3223     Promium Payor: Insured Flood Risk/Rated Zone: AE Community Number: 01 5005 1077 M Community Name: OULF SHORES, CITY OF Grandfathered: No Post-Firm Construction Post-Firm Construction Post-Firm Construction   Newly Mapped into SFHA: Elev Diff: 8 Elevated Building: Y Includes Addition(s) and Extension Replacement Cost: \$4,694,300 Number of Units: 52     Type Coverage Rates Deduct Discount Sub Total Premium Cald Contents: Location:   Multiplice: CRS Discount: Reserve Fund Assmt: HFIAA Surcharge: Endorsement Amount: Total Premium Paid: Endorsement Amount: Total Premium Paid:				lon		101				
Reinstatement Date:   as of: 04/21/2022 at 12:01 M     Form: RCBAP   as of: 04/21/2022 at 12:01 M     Producer Name and Mailing Address:   Insured Name and Mailing Address:     WILFSNORES NCE SUCE   DOWN 778     OULF SNORES, AL 36547-0378   Insured Name and Mailing Address:     WILFSNORE, AL 36547-0378   Insured Name and Mailing Address:     NFIP Policy Number: 0123238797   Agent/Agency #: 70001-02856-000     Reference #:   Phone #: (251)967-3323     Property Location:   Stock 955 Kalispell MT 59904-     900 W EBCACH ELVD   Other Residential     001F SHORES, AL 36542-6302   Discourt Vithout Enclosure     Primary Residence: N   Newly Mapped into SFHA:     Prooperty Location:   Newly Mapped into SFHA:     Flood Risk/Rated Zone: AE   Current Zone:     Community Number: 01 5005 1077 M   Other Residential     Community Name: 01F SHORES, CITF OF   Number of Units: \$2     Post-Firm Construction   Replacement Cost: \$4,694,30     Post-Firm Construction   Replacement Cost: \$4,694,30     Number of Units: \$2   52     Vpp Overage Rates Deduct Discount Sub Total Multiplier:   Coce remium Subtotal:     Location:   Coverage New Subulasse <td></td> <td colspan="5"></td> <td colspan="4" rowspan="2"></td>										
Norm: RCBAP   Insured Name and Mailing Address: WITTERNAM INSURANCE SVCS LLC PO BOX 378 GULF SHORES, AL 36547-0378   Producer Name and Mailing Add LNS PARACONDO PO BOX 378 GULF SHORES, AL 36547-0378   NFIP Policy Number: 0123238797 Agent/Agency #: 70001-02856-000 Reference #: Phone #: (251)967-3323   NFIP Policy Number: 0123238797 Agent/Agency #: 70001-02856-000 Reference #: Phone #: (251)967-3323   Property Location: 300 % EEACH EUPD GULF SHORES, AL 36542-6302   Building Description: Other Residential Premium Payor: Insured Flood Risk/Rated Zone: AE Current Zone: Community Number: 01 5005 1077 M Community Name: GULF SHORES, CLTY OF Grandfathered: N0 Program Type: Regular Newly Mapped into SFHA: Elev ated Building: Y Includes Addition(s) and Extension Replacement Cost: \$4,694,30   Type Coverage Rates Deduct Discount Sub Total   Building: 4,694,300 .270 / .080 1,250 45- 9,655.00   Number of Units: 52   This 15 AM ELEVATED BUILDING. COVERAGE 15 LIMITED BELOW THE UDERT ELEVATED RULE May Apply. See Your Policy Form for Details.   Trist Mortgage:   First Mortgage:		Poin statement Date:								
PO BOX 376 OULF SHORES, AL 36547-0378 PO BOX 2863 OULF SHORES, AL 36547-0378   NFIP Policy Number: 0123238797 Agent/Agency #: 70001-02856-000 Reference #: Phone #: (251)967-3323 NAIC Number: 10111 Processed by: Flood Service Center P.O. Box 8695 Kalispell MT 59904- Drog Statispell MT 59904- Number Of Units: 52   Statispell MT 59904- Drog							as of: 04/2	1/2022 at 12:01 AM		
PO BOX 378 OULF SHORES, AL 36547-0378 PO BOX 2863 OULF SHORES, AL 36547-0368   NFIP Policy Number: 0123238797 Agent/Agency #: 70001-02856-000 Reference #: Phone #: (251)967-3323 NAIC Number: 10111 Processed by: Flood Service Center P.O. Box 8695 Kalispell MT 59904- Drog Store Stores, AL 36542-6302   Property Location: 930 % BEACH ELVD OULF SHORES, AL 36542-6302 Building Description: Other Residential Two Floors Flood RiskRated Zone: AF Community Number: 01 5005 1077 M Community Number: 01 5005 1077 M Community Number: 01 5005 1077 M Community Number: 01 5005 1077 M Program Type: Regular Newly Mapped into SFHA: Elev Diff: 8 Elevated Building: Y Includes Addition(s) and Extension Replacement Cost: \$4,694,300 Number of Units: 52   Number of Units: 52 Type Coverage Rates Deduct Discount Sub Total Premium Subtotal: Contents: Location Number of Units: 52   Nt Type Reputer building. 4,694,500 .270 / .080 1,250 46- 9 Multiplier: CCP Promium: CRS Discount: Reserve Fund Assmt: HFIAA Surcharge: Federal Policy Fee: Probation Surcharge: Endorsement Amount: Total Premium Padic:   This Is AM ELEVATED BUILDING. COVERAGE IS LIMITED BELION THE Location Number of Dutits: CRS Discount: Reserve Fund Assmt: HFIAA Surcharge: Federal Policy Fee: Probation Surcharge: Endorsement Amount: Total Premium Padic:   First Mortgage: Loss Payee:		Producer	Producer Name and Mailing Address:					me and Mailing Addr	ess:	
Reference #: Phone #: (251)967-3323   Plood Service Center     Property Location: 330 W BEACH ELVD GULF SHORES, AL 36542-6302   Property Location: 330 W BEACH ELVD GULF SHORES, AL 36542-6302     Primary Residence: N Premium Payor: Insured Flood Risk/Rated Zone: AE Community Number: 01 5005 1077 M Community Name: GULF SHORES, CITY OF Grandfathered: No Post-Firm Construction Post-Firm Construction Program Type: Regular   Newly Mapped into SFHA: Elev Diff: 8 Elevated Building: Y Includes Addition(s) and Extension Replacement Cost: \$4,694,300 Number of Units: 52     Image: I		PO BOX 378								
Reference #: Phone #: (251)967-3323   Pioda Service Center P.O. Box 8695 Kalispell MT 59904-     Property Location: 930 % BEACH BLVD GULF SHORES, AL 36542-6302   Building Description: Other Residential Two Floors Elevated Without Enclosure Lovated Without Enclosure Elevated Building: Y Includes Addition(s) and Extension Replacement Cost: \$4,694,300 Number of Units: 52     Type Coverage Rates Deduct Discount Sub Total Premium Subtotal: Contents: Location:   ICC Premium: CCRS Discount: HFIAA Surcharge: Endorsement Amount: Total Premium Paid:     This Is AM Elevated FLOOR.   See PROPERTY NOT COVERED IN STANDARD FLOOD INSURANCE POLICY.   Reserve Fund Assmt: HFIAA Surcharge: Endorsement Amount: Total Premium Paid:     First Mortgage:   Loss Payee:	3					GULF SHORES,				
Reference #: Phone #: (251)967-3323   Plood Service Center     930 W BEACH ELVD GULF SHORES, AL 36542-6302   Property Location: 930 W BEACH ELVD GULF SHORES, AL 36542-6302   Building Description: Other Residential We Rise Main House     Primary Residence: N Premium Payor: Insured Flood Risk/Rated Zone: AE Community Number: 01 5005 1077 M Community Number: 01 5005 1077 M Construction Post-Firm Construction Program Type: Regular   Newly Mapped into SFHA: Elev Diff: 8 Elevated Building: Y Includes Addition(s) and Extension Replacement Cost: \$4,694,300 Number of Units: 52     1   Type Coverage Rates Deduct Discount Sub Total Contents Location:   Number of Units: 52     1   Type (A94,500 1.250 48- 9,635.00 Premium Calo 0   Premium Calo 9,635.00 Premium Subtotal: COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD FLOOD INSURANCE POLICY.   Reserve Fund Assmt: HFIAA Surcharge: Endorsement Amount: Total Premium Paid:     First Mortgage:   Kortgage:   Loss Payee:	222 1									
Reference #: Phone #: (251)967-3323   Piood Service Center P.O. Box 8695 Kalispell MT 59904-     Property Location: 930 W BEACH BLVD GULF SHORES, AL 36542-6302   Building Description: Other Residential Without Enclosure Low Rise Main House     Primary Residence: N Premium Payor: Insured Flood Risk/Rated Zone: AE Community Number: 01 5005 1077 M Community Name: GULF SHORES, CITY OF Grandfathered: No Post-Firm Construction Program Type: Regular   Newly Mapped into SFHA: Elev Diff: 8 Elevated Building: Y Includes Addition(s) and Extension Replacement Cost: \$4,694,30 Number of Units: 52     Type Coverage Rates Deduct Discount Location:   Number of Units: 52     Type (ontents) Location:   ICC Premium Cale 9,635.00     This is an ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD FLOOD INSURANCE POLICY.     First Mortgage:   First Mortgage:	are	NFIP Poli	cv Number:	0123238797						
Reference #: Phone #: (251)967-3323   P.O. Box 8695 Kalispell MT 59904-     Property Location: 930 W BEACH ELVD GULF SHORES, AI 36542-6302   Building Description: Other Residential Two Floors Elevated Without Enclosure Low Rise Main House     Primary Residence: N Premium Payor: Insured Flood Risk/Rated Zone: AE Community Number: 01 5005 1077 M Community Name: GULF SHORES, CITY OF Grandfathered: No Post-Firm Construction Program Type: Regular   Newly Mapped into SFHA: Elev Diff: 8 Elevated Building: Y Includes Addition(s) and Extension Replacement Cost: \$4,694,30 Number of Units: 52     Image: Type Coverage Rates Deduct Discount Sub Total Contents: Location:   Number of Units: 52     Image: Type Represent Sub Instruction Program Type: Regular   Image: Sub Total Premium Subtotal: Includes Addition(s) Number of Units: 52     Image: Type Coverage Rates Deduct Discount Sub Total Contents: Location:   Includes Addition(s) Number of Units: 52     Image: Type Coverage Is LIMITED BELOW THE Lowest ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE Lowest ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE Lowest ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD Flood INSURANCE POLICY.   Reserve Fund Assmt: HFIAA Surcharge: Endorsement Amount: Total Premium Paid:     First Mortgage:   Loss Payee:	Ad	Agent/Agen	cy #: 70001-02							
Phone #: (251)967-3323     Property Location: 930 % BEACH ELVD GULF SHORES, AL 36542-6302   Building Description: Other Residential Twee Residential Without Enclosure Low Rise Main House     Primary Residence: N Premium Payor: Insured Flood Risk/Rated Zone: AE Community Number: 01 5005 1077 M Community Name: GULF SHORES, CITY OF Grandfathered: No Post-Firm Construction Program Type: Regular   Newly Mapped into SFHA: Elev Diff: 8 Elevated Building: Y Includes Addition(s) and Extension Replacement Cost: \$4,694,30 Number of Units: 52     Type Coverage Rates   Deduct Discount   Sub Total   Premium Cale Premium Subtotal: Contents:     Dest Firm Construction Program Type: Regular   ICC Premium Subtotal: Contents:   ICC Premium: Coverage Property Not coverage Is LIMITED BELOW THE Lowest ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD FLOOD INSURANCE POLICY.   Reserve Fund Assmt: HFIAA Surcharge: Endorsement Amount: Total Premium Paid:     First Mortgage:   First Mortgage:   Loss Payee:									695	
930 % BEACH BLVD GULF SHORES, AL 36542-6302   Other Residential Two Floors Elevated Without Enclosure Low Rise     Primary Residence: N Premium Payor: Insured   Newly Mapped into SFHA: Low Rise     Flood Risk/Rated Zone: AE   Current Zone: Community Number: 01 5005 1077 M Community Name: GULF SHORES, CITY OF Grandfathered: No Post-Firm Construction   Newly Mapped into SFHA: Elevated Building: Y Includes Addition(s) and Extension Replacement Cost:     Program Type: Regular   Number of Units: 52     Image: State		Phone #: (2	251)967-3323							
GULF SHORES, AL 36542-6302   Two Floors     Belevated Without Enclosure   Low Rise     Primary Residence: N   Main House     Premium Payor: Insured   Flood Risk/Rated Zone: AE   Current Zone:   Newly Mapped into SFHA:     Community Number: 01 5005 1077 M   Elevated Building: Y   Elevated Building: Y     Community Name: GULF SHORES, CITY OF   Elevated Building: Y   Includes Addition(s) and Extension     Program Type: Regular   Number of Units: 52   52     Image: Contents:   Image: Contents:   Image: Contents:     Contents:   Image: Coverage Is LIMITED BELON THE   Reserve Fund Assmt:     Image: Coverage Limitations May Apply. See Your Policy Form for Details.   Total Premium Paid:     Total Premium Paid:   Total Premium Paid:		Property	Location:				Building Description:			
OPT 000000000000000000000000000000000000				302						
Grandfathered: No   Includes Addition(s) and Extension     Post-Firm Construction   Replacement Cost:   \$4,694,300     Program Type: Regular   Number of Units:   52     Image: Structure   Image: Structure   Structure     Building:   4,694,300   .270 / .080   1,250   48-   9,635.00   Premium Cale     Contents:   Image: Structure   Image: Structure   Image: Structure   Image: Structure   Structure     Contents:   Image: Structure   Image: Structure   Image: Structure   Image: Structure   Structure     This is an Elevated Building:   Coverage Is Limited Below the Lowest Elevated FLOOR. See Property NOT COVERED IN STANDARD FLOOD INSURANCE POLICY.   Reserve Fund Assmt:   HFIAA Surcharge: Federal Policy Fee: Probation Surcharge: Endorsement Amount: Total Premium Paid:     Coverage Limitations May Apply. See Your Policy Form for Details.   Total Premium Paid:     First Mortgage:   Loss Payee:   Image: Structure	•	E								
Grandfathered: No   Includes Addition(s) and Extension     Post-Firm Construction   Replacement Cost:   \$4,694,300     Program Type: Regular   Number of Units:   52     Image: Structure   Image: Structure   Structure     Building:   4,694,300   .270 / .080   1,250   48-   9,635.00   Premium Cale     Contents:   Image: Structure   Image: Structure   Image: Structure   Image: Structure   Structure     Contents:   Image: Structure   Image: Structure   Image: Structure   Image: Structure   Structure     This is an Elevated Building:   Coverage Is Limited Below The Location:   Image: Structure   Image: Structure   Structure     Flood INSURANCE POLICY.   Structure   Structure   Federal Policy Fee: Probation Surcharge: Endorsement Amount: Total Premium Paid:     Coverage Limitations May Apply. See Your Policy Form for Details.   Image: Structure   Image: Structure     First Mortgage:   Loss Payee:   Image: Structure   Image: Structure	Ĩ	Primary J	Residence: N							
Grandfathered: No   Includes Addition(s) and Extension     Post-Firm Construction   Replacement Cost:   \$4,694,300     Program Type: Regular   Number of Units:   52     Image: Structure   Image: Structure   Structure     Building:   4,694,300   .270 / .080   1,250   48-   9,635.00   Premium Cale     Contents:   Image: Structure   Image: Structure   Image: Structure   Image: Structure   Structure     Contents:   Image: Structure   Image: Structure   Image: Structure   Image: Structure   Structure     This is an Elevated Building:   Coverage Is Limited Below The Location:   Image: Structure   Image: Structure   Structure     Flood INSURANCE POLICY.   Structure   Structure   Federal Policy Fee: Probation Surcharge: Endorsement Amount: Total Premium Paid:     Coverage Limitations May Apply. See Your Policy Form for Details.   Image: Structure   Image: Structure     First Mortgage:   Loss Payee:   Image: Structure   Image: Structure										
Grandfathered: No   Includes Addition(s) and Extension     Post-Firm Construction   Replacement Cost:   \$4,694,300     Program Type: Regular   Number of Units:   52     Image: Structure   Image: Structure   Structure     Building:   4,694,300   .270 / .080   1,250   48-   9,635.00   Premium Cale     Contents:   Image: Structure   Image: Structure   Image: Structure   Image: Structure   Structure     Contents:   Image: Structure   Image: Structure   Image: Structure   Image: Structure   Structure     This is an Elevated Building:   6000 Elevated Building:   Coverage Is Limited Below The   Image: Structure   Reserve Fund Assmt:     HFIAA Surcharge:   Federal Policy Fee:   Probation Surcharge:   Federal Policy Fee:     Probation Surcharge:   Endorsement Amount:   Total Premium Paid:   Total Premium Paid:     First Mortgage:   Loss Payee:   Loss Payee:   Image: Structure   Image: Structure	)er									
Grandfathered: No   Includes Addition(s) and Extension     Post-Firm Construction   Replacement Cost:   \$4,694,300     Program Type: Regular   Number of Units:   52     Image: Structure   Image: Structure   Structure     Building:   4,694,300   .270 / .080   1,250   48-   9,635.00   Premium Cale     Contents:   Image: Structure   Image: Structure   Image: Structure   Image: Structure   Image: Structure     Contents:   Image: Structure   Image: Structure   Image: Structure   Image: Structure     Image: Structure   Image: Structure   Image: Structure   Image: Structure   Image: Structure     Image: Structure   Image: Structure   Image: Structure   Image: Structure   Image: Structure     Image: Structure   Image: Structure   Image: Structure   Image: Structure   Image: Structure     Image: Structure   Image: Structure   Image: Structure   Image: Structure   Image: Structure     Image: Structure   Image: Structure   Image: Structure   Image: Structure   Image: Structure     Image: Structure   Image: Structure   Image: Structure   Image: Structure	loa									
Post-Firm Construction   Replacement Cost:   \$4,694,300     Program Type: Regular   Sub Total   Premium Cale     Building:   4,694,300   .270 / .080   1,250   48-   9,635.00   Premium Subtotal:   Cale     Contents:   Image: Contents:	די			F SHORES, CITY OF					s)	
Program Type: Regular   Number of Units:   52     Image: State of Coverage   Rates   Deduct   Discount   Sub Total   Premium Cale     Building:   4,694,300   .270 / .080   1,250   48-   9,635.00   Premium Subtotal:     Contents:   Image: Coverage   Image: Coverage   Image: Coverage   Image: Coverage   Image: Coverage     Contents:   Image: Coverage   Image: Coverage   Image: Coverage   Image: Coverage   Image: Coverage     THIS IS AN ELEVATED BUILDING.   COVERAGE IS LIMITED BELOW THE   Image: Coverage   Reserve Fund Assmt: HFIAA Surcharge: Federal Policy Fee: Probation Surcharge: Endorsement Amount: Total Premium Paid:     Coverage Limitations May Apply. See Your Policy Form for Details.   Total Premium Paid:     First Mortgage:   Loss Payee:   Image: Coverage										
Building:   4,694,300   .270 / .080   1,250   48-   9,635.00   Premium Subtotal:     Contents:   Image: Contents   Image: Contents   Image: Contents   Image: Contents     Location:   Image: Contents   Image: Contents   Image: Contents   Image: Contents     Image: Contents   Image: Contents   Image: Contents   Image: Contents   Image: Contents     Image: Contents   Image: Contents   Image: Contents   Image: Contents   Image: Contents     Image: Contents   Image: Contents   Image: Contents   Image: Contents   Image: Contents     Image: Contents   Image: Contents   Image: Contents   Image: Contents   Image: Contents     Image: Contents   Image: Contents   Image: Contents   Image: Contents   Image: Contents     Image: Contents   Image: Contents   Image: Contents   Image: Contents   Image: Contents     Image: Contents   Image: Contents   Image: Contents   Image: Contents   Image: Contents     Image: Contents   Image: Contents   Image: Contents   Image: Contents   Image: Contents     Image: Contents   Image: Contents   Image: Contents   I		Program '	$\Gamma ype:$ Regular	°						
Contents:   Multiplier:     Contents:   ICC Premium:     Location:   CRS Discount:     THIS IS AN ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE   Reserve Fund Assmt:     LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD   HFIAA Surcharge:     FLOOD INSURANCE POLICY.   Federal Policy Fee:     Coverage Limitations May Apply. See Your Policy Form for Details.   Total Premium Paid:     First Mortgage:   Loss Payee:			01010010000000000000000000000000000000			IL REPERENCE AND A DEPARTMENT				
Location:   CRS Discount:     THIS IS AN ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE   Reserve Fund Assmt:     LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD   HFIAA Surcharge:     FLOOD INSURANCE POLICY.   Federal Policy Fee:     Coverage Limitations May Apply. See Your Policy Form for Details.   Total Premium Paid:     First Mortgage:   Loss Payee:	-0		4,694,300	.270 / .080	1,250	48-	9,635.00		9,635.00	
Location:   CRS Discount:     THIS IS AN ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE   Reserve Fund Assmt:     LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD   HFIAA Surcharge:     FLOOD INSURANCE POLICY.   Federal Policy Fee:     Coverage Limitations May Apply. See Your Policy Form for Details.   Total Premium Paid:     First Mortgage:   Loss Payee:	Ĩ			-					8.00	
THIS IS AN ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD   Reserve Fund Assmt: HFIAA Surcharge: Federal Policy Fee: Probation Surcharge: Endorsement Amount: Total Premium Paid:     Coverage Limitations May Apply. See Your Policy Form for Details.   Total Premium Paid:     First Mortgage:   Loss Payee:	fat								964.00	
Coverage Limitations May Apply. See Your Policy Form for Details.   Endorsement Amount:     Total Premium Paid:     First Mortgage:   Loss Payee:		Location:							1,562.00	
Coverage Limitations May Apply. See Your Policy Form for Details.   Endorsement Amount:     Total Premium Paid:     First Mortgage:   Loss Payee:	e nd	THIS IS AN E	LEVATED BUILDING	G. COVERAGE IS LIMITE	ED BELOW THE				250.00	
Coverage Limitations May Apply. See Your Policy Form for Details.   Endorsement Amount:     Total Premium Paid:     First Mortgage:   Loss Payee:	ra	LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD								
Coverage Limitations May Apply. See Your Policy Form for Details.   Endorsement Amount:     Total Premium Paid:     First Mortgage:   Loss Payee:	e	FLUUD INSUKANCE PULICT.						2,000.00		
Coverage Limitations May Apply. See Your Policy Form for Details.   Total Premium Paid:     First Mortgage:   Loss Payee:	5								.00	
	60	Coveraş	ge Limitations N	lay Apply. See You	r Policy For	m for Detai	ils.		12,491.00	
	5		tgage:				Loss Pavee	\•		
Second Mortgage: Disaster Agency:	5	First Mor					uyee			
Second Mortgage: Disaster Agency:		First Mor								
Second Mortgage: Disaster Agency:		First Mor								
0			ortgage:				Disaster Aş	gency:		
M State Stat	Mortgage Info		ortgage:				Disaster Aş	gency:		
			ortgage:				Disaster Ag	gency:		