

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 12/18/2024

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE

1	D BY THE POLICIES BELOW. THIS EVIDEN AUTHORIZED REPRESENTATIVE OR PRODUC			A CONTRACT E	ETWEEN THE	
AGENCY PHONE (A/C, No, Ext): 2519673323		COMPANY				
WHITEHAVEN INSURANCE SERVICES, LLC		Underwriters at Lloyd's One Lime Street	Underwriters at Lloyd's, London			
2201 Oyster Bay Lane	•	London, EC3M 7HA				
Gulf Shores, 36542						
FAX (A/C, No): 251-967-3324 E-MAIL ADDRESS: info@whitehaveninsurance.com						
CODE:	SUB CODE:					
AGENCY CUSTOMER ID #: LASPALM-02						
INSURED LAS PALMAS CONDOMINIUNM OWNERS ASSN, INC PO BOX 2863 GULF SHORES AL 36547		LOAN NUMBER	LOAN NUMBER POLICY NUMBER			
		YOUR LOAN #	YOUR LOAN # EW0151924			
		EFFECTIVE DATE	EXPIRATION DATE	EXPIRATION DATE CONTINUED UNTIL		
		05/27/2024	05/27/2025			
		THIS REPLACES PRIOR EVID	ENCE DATED:			
PROPERTY INFORMATI	ON					
LOCATION/DESCRIPTION LOCATION INSURED: 93	30 WEST BEACH BLVD GULF SHORES	S AL 36542				
	; FRAME CONSTRUCTION; 52 UNITS; RESID REPLACEMENT COST VALUATION	DENTIAL CONDOMINIUM AS	SOCIATION			
COVERAGE INCLUDES ALL IN ENDORSEMENT(NO UPGRADES); COVERAGE INCLUDES ORDINANCE OR LAW ENDORSEMENT;						
10 DAY NOTICE OF CAN	CELLATION					
THE POLICIES OF INSI	IRANCE LISTED BELOW HAVE BEEN ISSUE	D TO THE INSURED NAME	ED AROVE FOR TH	E POLICY PERI	OD INDICATED	
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS						
EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
SUBJECT TO ALL THE TE	ERMS, EXCLUSIONS AND CONDITIONS OF SUC	CH POLICIES. LIMITS SHOV	VN MAY HAVE BEEN	REDUCED BY PA	AID CLAIMS.	
COVERAGE INFORMAT					T	
COVERAGE / PERILS / FORMS PROPERTY: SPECIAL FORM INCLUDING WIND/HAIL/WIND DRIVEN RAIN				UNT OF INSURANCE	DEDUCTIBLE 25,000	
DEDUCTIBLE: 1% NAMED STORM WIND/HAIL/WIND DRIVEN RAIN				,514	1% of TIV	
EQUIPMENT BREAKDOWN: TRAVELERS INS CO; POL# 7S98414-A;				,226	5,000	
 FLOOD AMERICAN BANKERS; POLICY #0123238797; RCBAP; RCV \$6,349,000				.000	1,250	
EFFECTIVE: 12/13/2024 to		0,545,	,000	1,230		
REMARKS (Including Special Conditions)						
AS RESPECTS: UNIT OW	/NER NAME AND UNIT #					
CANCELLATION						
1	E ABOVE DESCRIBED POLICIES BE CAN	CELLED BEFORE THE E	XPIRATION DATE	THEREOF, NOT	ICE WILL BE	
DELIVERED IN ACCOR	DANCE WITH THE POLICY PROVISIONS.					
ADDITIONAL INTEREST						
NAME AND ADDRESS		MORTGAGEE	ADDITIONAL INSURE	∄D		
		LOSS PAYEE LOAN #				
FOR ASSO	OCIATION USE ONLY					
PLEASE CA	LL 251-967-3323 IF	YOUR LOAN # AUTHORIZED REPRESENTATION	VF			
YOU NEED EVIDENCE OF FLOOD INSURANCE FOR YOUR MORTGAGE COMPANY AUTHORIZED REPRESENTATIVE July P. Wildle J.						
	Succe 4. L	J.				



American Bankers Insurance Company of Florida Scottsdale, AZ

Renewal Flood Insurance Policy Declarations

This Declarations Page is part of your Policy.

Policy Term: 12/13/2024 (12:01 a.m.) to 12/13/2025 (12:01 a.m.)

NAIC: 10111

Policy Number: 0123238797 First Mortgagee / Lender Name:

Named Insured and Mailing Address:

LAS PALMAS CONDO PO BOX 2863

GULF SHORES, AL 36547-2863

Loan Number:

Producer Number: 70001-02856-000 Second Mortgagee / Lender Name:

Premium Payor: INSURED

Property Location: 930 W BEACH BLVD

GULF SHORES, AL 36542-6302

Loan Number:

Other / Loss Payee:

For Service Please Contact: SUNSTAR INSURANCE GROUP, LLC PO BOX 378 WHITEHAVEN INSURANCE SERVICES GULF SHORES, AL 36547-0378 251-967-3323

Loan Number:

LOCATION AND PROPERTY INFORMATION

Date of Construction: 01/01/1975
Building Occupancy: Residential Condo Building

Method Used to Determine First Floor Height: Elevation Certificate

Building Description: Entire Residential Condo Building

Property Description: ELEVATED WITHOUT ENCLOSURE, TWO FLOORS

Number Of Units: 52
Primary Residence: No
Prior NFIP Claims: 0 claim(s)
First Floor Height: 21.00 ft
Replacement Cost: \$6,349,000

Your property's NFIP flood claims history can affect your premium.

COVERAGE AND PREMIUM INFORMATION Rate Category: FEMA Rating Engine Coverage Type Coverage Limit Deductible Premium **Building** \$ 6,349,000 \$ 1.250 13,692.00 Contents \$0 \$0 \$ 0.00 Increased Cost of Compliance: \$ 75.00 Community Rating System Discount: \$ 0.00 Full Risk Premium Excluding Fees and Surcharges: \$ 13,767.00 STATUTORY DISCOUNTS 0.00 Discounted Premium: 13,767.00 FEES AND SURCHARGES Reserve Fund Assessment: \$ 2,478.00 Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00 Federal Policy Fee: \$ 1,460.00 TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID \$ 17,955.00

NFIP POLICY NUMBER: 0123238797