



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/29/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Whitehaven Insurance Services, LLC 2201 Oyster Bay Lane Gulf Shores AL 36542		<b>CONTACT NAME:</b> Kelly E Boyington <b>PHONE (A/C, No, Ext):</b> 251-967-3323 <b>E-MAIL ADDRESS:</b> info@whitehaveninsurance.com <b>FAX (A/C, No):</b> 251-967-3324	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Greenwich Insurance Company	
		<b>INSURER B:</b> Great American Insurance Company	
		<b>INSURER C:</b> Atlantic Casualty Insurance Company	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:** 634165435**REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			L264003119	12/13/2023	12/13/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Non-Owned Auto \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			PPP7454663	12/13/2023	12/13/2024	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B B	DIRECTORS & OFFICERS CRIME/ FIDELITY			EPP534878421 SAA55438211019	12/13/2023 12/13/2023	12/13/2024 12/13/2024	LIMIT: \$1,000,000 LIMIT: \$ 65,000 DED: \$1,000 DED: \$1,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

LOCATION INSURED: 930 WEST BEACH BLVD GULF SHORES AL 36542

RESIDENTIAL CONDOMINIUM ASSOCIATION; 52 RESIDENTIAL CONDOMINIUM UNITS

GENERAL LIABILITY POLICY INCLUDES SEPARATION OF INSURED  
CRIME/FIDELITY POLICY INCLUDES PROPERTY MANAGEMENT COMPANY  
AS RESPECTS: UNIT OWNER NAME AND UNIT #**CERTIFICATE HOLDER****CANCELLATION**

**\*\*FOR ASSOCIATION USE ONLY\*\***  
PLEASE CALL 251-967-3323 IF  
YOU NEED EVIDENCE OF FLOOD INSURANCE  
FOR YOUR MORTGAGE COMPANY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.

**ASSURANT®****American Bankers Insurance Company of Florida  
Scottsdale, AZ****Revised Flood Insurance Policy Declarations**

This Declarations Page is part of your Policy.

**Policy Term: 12/13/2023 (12:01 a.m.) to 12/13/2024 (12:01 a.m.)****Endorsement Effective Date: 01/12/2024 (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:**WHITEHAVEN INSURANCE SVCS LLC  
PO BOX 378  
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
<b>Full Risk Premium Excluding Fees and Surcharges:</b>			<b>\$ 13,767.00</b>

**STATUTORY DISCOUNTS**

	\$ 0.00
<b>Discounted Premium:</b>	<b>\$ 13,767.00</b>

**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

<b>TOTAL REVISED ANNUAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES</b>	<b>\$ 17,955.00</b>
---	---------------------

Coverage limitations may apply. See your NFIP RCBAP Form for details.  
Refer to [www.FloodSmart.gov/floodcosts](http://www.FloodSmart.gov/floodcosts) for more information about flood risk and policy rating.

NFIP POLICY NUMBER: 0123238797

American Bankers Insurance Company of Florida  
P.O. Box 4276, Clinton, IA 52733-4276

LAS PALMAS CONDO  
PO BOX 2863  
GULF SHORES, AL 36547-2863



This information is now available on [assurantflood.com](http://assurantflood.com)

Visit Flood Insurance on My Accounts to view a copy of your declarations page.