

A Member of the Tokio Marine Group CASTLE ROCK INSURANCE AGENCY 951 RESERVE DR. #160 ROSEVILLE, CA 95678



DECEMBER 22, 2024

WESTLAKE VILLAS COMMUNITY ASSOCIATION 951 RESERVE DR. STE. 160 ROSEVILLE, CA 95678

Policy Number: 5010013286

Insured(s): WESTLAKE VILLAS COMMUNITY ASSOCIATION Property Location: 4800 WESTLAKE PKWY BLDG 13 SACRAMENTO, CA 95835-2071

Flood Insurance Policy Packet

This packet includes:

- Your Flood Insurance Declarations Page
- A National Flood Insurance Program Summary of Coverage
- Claims Guidelines in Case of a Flood

If you would like to electronically view or print a copy of the Standard Flood Insurance Policy, please visit https://phlyflood.manageflood.com, click View Important Flood Documents link and select from the list of documents. Your consent to this policy delivery option is assumed, unless you contact us to request a mailed or e-mailed copy of the policy.

If you would like a copy of the Standard Flood Insurance Policy e-mailed or mailed to you, please contact our customer service team at 877-721-9519 or phlyflood@torrentcorp.com.

Important Information About The National Flood Insurance Program

Federal law requires insurance companies that participate in the National Flood Insurance Program to provide you with the enclosed Summary of Coverage. It's important to understand that the Summary of Coverage provides only a general overview of the coverage afforded under your policy. You will need to review your flood insurance policy, Declarations Page, and any applicable endorsements for a complete description of your coverage. The enclosed Declarations Page indicates the coverage you purchased, your policy limits and the amount of your deductible.

You will soon receive additional information about the National Flood Insurance Program. This information will include a Claims Handbook, a history of flood losses that have occurred on your property as contained in FEMA's data base, and an acknowledgement letter.

If you have any questions about your flood insurance policy, please contact your agent or your insurance company.

CLAIM GUIDELINES IN CASE OF A FLOOD

For the protection of you and your family, the following claim guidelines are provided by the National Flood Insurance Program (NFIP). If you are ever in doubt as to what action is needed, consult your insurance representative.

Insurance Agent: RICHARD RUSSO Agent's Phone Number: (916) 791-9450

• Notify us or your insurance agent, in writing, as soon as possible after the flood.

· Your claim will be assigned to an NFIP certified adjuster.

• Identify the claims adjuster assigned to your claim and contact him or her if you have not been contacted within 24 hours after you reported the claim to your insurance representative.

• As soon as possible, separate damaged property from undamaged property so that damage can be inspected and evaluated.

• To help the claims adjuster, take photographs of the outside of the premises showing the flooding and the damage and photographs of the inside of the premises showing the height of the water and the damaged property.

• Place all account books, financial records, receipts, and other loss verification material in a safe place for examination and evaluation by the claims adjuster.

• Work cooperatively with the claims adjuster to promptly determine and document all claim items. Be prepared to advise the claims adjuster of the cause and responsible party(ies) if the flooding resulted from other than natural cause.

• Make sure that the claims adjuster fully explains, and that you fully understand, all allowances and procedures for processing claim payments. This policy requires you to send us a signed and sworn-to, detailed proof of loss within 60 days after the loss.

• Any and all coverage problems and claim allowance restrictions must be communicated directly from the NFIP. Claims adjusters are not authorized to approve or deny claims; their job is to report to the NFIP on the elements of flood cause and damage.

At our option, we may accept an adjuster's report of the loss instead of your proof of loss. The adjuster's report will include information about your loss and the damages to your insured property.

		INSURANCE PROGRAM		RICHARD RUSSO OTHER 01/04/2025 12:01 AM - 01/04/2026 12:01 AM RCBAP https://phlyflood.manageflood.com (888) 200-5603 CLARATIONS		
DELIVERY ADDRESS			INSURED NAME(S) AND MAILING ADDRESS WESTLAKE VILLAS COMMUNITY ASSOCIATION			
WESTLAKE VILLAS COMMUNITY ASSOCIATION 951 RESERVE DR. STE. 160 ROSEVILLE, CA 95678			951 RESERVE DR. STE. 160 ROSEVILLE, CA 95678			
COMPANY MAILING ADDRESS			INSURED PROPERTY LOCATION			
PHILADELPHIA INDEMNITY INSURANCE COMPANY PO BOX 200584 DALLAS, TX 75320-0584			4800 WESTLAK SACRAMENTO			
			BUILDING DESCI		ENTIRE RESIDENTIAL CONDOMINI	UM BUILDING
RATING INFORMATION						
BUILDING OCCUPANCY: NUMBER OF UNITS: PRIMARY RESIDENCE:	RESIDENTIAL CONDOMINIUM BUILDING 9 UNITS NO		REPLACEMENT		\$2,338,265.00 01/01/2005	
	SLAB ON GRADE (NON-ELEVATED), 3 FLOOR(S), FR	RAME	CURRENT FLOO FIRST FLOOR HE	EIGHT (FEET):	A99 1.0	
PRIOR NFIP CLAIMS: 0 CLAIM(S)			FIRST FLOOR HE	EIGHT METHOD:	FEMA DETERMINED	
MORTGAGEE / ADDITIONAL						
FIRST MORTGAGEE: SECOND MORTGAGEE:					LOAN NO: N/A	
ADDITIONAL INTEREST:			LOAN NO: N/A			
DISASTER AGENCY:					CASE NO: N/A DISASTER AGENCY: N/A	
RATE CATEGORY - RATIN	G ENGINE				DIGAGTER AGENOT.	
COVERAG	GE DEDUCTIBLE			COMPONEN	TS OF TOTAL AMO	
BUILDING: \$2,250,000 \$5,000					BUILDING PREMIUM:	\$670.00
CONTENTS: N/A N/A COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.					CONTENTS PREMIUM:	\$0.00
Please review this declaration page for accuracy. If any changes are needed, contact your agent. Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for question please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit			INCREASED COST OF COMPLIANCE (ICC) PREMIUM: \$13.00 MITIGATION DISCOUNT: (\$0.00)			
			CON	IMUNITY RATING	SYSTEM REDUCTION: FULL RISK PREMIUM:	(\$170.00) \$513.00
FloodSmart.gov/floodcosts.			ANNUAL INCREASE CAP DISCOUNT: (\$17.00) STATUTORY DISCOUNTS: (\$16.00)			
					SCOUNTED PREMIUM:	\$480.00
				RESERV	E FUND ASSESSMENT:	\$86.00
			HFIAA SURCHARGE: \$250.00 FEDERAL POLICY FEE: \$423.00			\$250.00 \$423.00
					BATION SURCHARGE:	\$0.00
				TOT	AL ANNUAL PREMIUM:	\$1,239.00
IN WITNESS WHEREOF, we have signed	I this policy below and hereby enter into this insurance agreement.					
JWHU/~	97-5-5-					
John Glomb / President and CEO	Edward Sayago / VP & Deputy		olicy	Zero Balan	ce Due - This Is Not	ABill
This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance po Policy issued by: PHILADELPHIA INDEMNITY INSURANCE COMPANY			y.		isurer NAIC Number:	18058

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PHILADELPHIA INSURANCE COMPANIES

PRIVACY POLICY NOTICE

Philadelphia Indemnity Insurance Company

The Philadelphia Insurance Companies value your privacy and we are committed to protecting personal information that we collect during the course of our business relationship with you.

The collection use and disclosure of certain nonpublic personal information are regulated by law.

This notice is for your infomation only and requires no action on your part. It will inform you about the types of information that we collect and how it may be disclosed. this does not reflect a change in the way we do business or handle your information.

Information We Collect:

We collect personal information about you from the following sources.

- Applications or other forms such as claims forms or underwriting questionairs completed by you;
- · Information about your transactions with us, our affiliates or others; and
- Depending on the type of transaction you are conducting with us, information may be collected from consumer reporting agencies, health care providers, employers and other third parties.

Information We Disclose:

We will only disclose the information described above to our affiliates and non-affiliated thrid parties, as permitted by law, and when necessary to conduct our normal business activities.

For Example we may make disclosures to the following types of third parties:

- · Your agent or broker (producer)
- · Parties who perform a business, professional or insurance functions for our company, including our reinsurance companies;
- · Independent claims adjusters, investigators, attorneys, other insurers or medical care providers who need infomation to investigate, defend or settle a claim involving you;
- · Regulatory agencies in connection with the regulation of our business; and
- · Lienholders, mortgagees, lessors or other persons shown on our records as having a legal or beneficial interest in your policy.

We do not sell your information to others for marketing purposes. We do not disclose the personal information of persons who have ceased to be our customers.

Protection of Information:

The Philadelphia Insurance Companies maintain physical, electronic and procedural safegaurds that comply with state and federal regulations to protect the confidentiality of your personal information. We also limit employee access to personally identifiable information to those with a business reason for knowing such information.

Use of Cookies:

We may place electronic "cookies" in the browser files of your computer when you access this website. Cookies are text files placed on your computer to enable our systems to recognize your browser and to tailor the information on our website to your interests. We or our third-party service providers or business partners may place cookies on your computer's hard drive to enable us to match personal information that we maintain about you so that we are able to prepopulate on-line forms with your information. We also use cookes to help us analyze use of our website to understand which areas of our site are most useful to you. You may refuse the use of cookies by selecting the appropriate settings on your browser. Please note that if you do this, you may not be able to use the full functionality of the website.

How to Contact Us:

Philadelphia Insurance Companies, One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004 Attention: Chief Privacy Officer Phone (877) 438 - 7459

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