



A Member of the Tokio Marine Group
CASTLE ROCK INSURANCE AGENCY
2217 PLAZA DR. STE 101
ROCKLIN, CA 95765

Agency Phone: (916) 791-9450

NFIP Policy Number: 5010013276
Company Policy Number: 5010013276
Agent: RICHARD RUSSO

Payor: INSURED
Policy Term: 01/05/2026 12:01 AM - 01/05/2027 12:01 AM
Policy Form: RCBAP

To report a claim
visit or call us at: <https://phlyflood.manageflood.com>
(888) 200-5603

RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS

WESTLAKE VILLAS COMMUNITY ASSOCIATION
PO BOX 62499
IRVINE, CA 92602

INSURED NAME(S) AND MAILING ADDRESS

WESTLAKE VILLAS COMMUNITY ASSOCIATION
PO BOX 62499
IRVINE, CA 92602

COMPANY MAILING ADDRESS

PHILADELPHIA INDEMNITY INSURANCE COMPANY
PO BOX 200584
DALLAS, TX 75320-0584

INSURED PROPERTY LOCATION

4800 WESTLAKE PKWY BLDG 4
SACRAMENTO, CA 95835-2071

RATING INFORMATION

BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING
NUMBER OF UNITS: 10 UNITS
PRIMARY RESIDENCE: NO
PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 3 FLOOR(S), FRAME CONSTRUCTION
PRIOR NFIP CLAIMS: 0 CLAIM(S)

BUILDING DESCRIPTION: ENTIRE RESIDENTIAL CONDOMINIUM BUILDING
BUILDING DESCRIPTION DETAIL: N/A

REPLACEMENT COST VALUE: \$5,027,513.00
DATE OF CONSTRUCTION: 01/01/2005
CURRENT FLOOD ZONE: A99
FIRST FLOOR HEIGHT (FFH): 1.0 FEET
MOST FAVORABLE FFH METHOD: FEMA DETERMINED

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE: LOAN NO: N/A

SECOND MORTGAGEE: LOAN NO: N/A

ADDITIONAL INTEREST: LOAN NO: N/A

DISASTER AGENCY: CASE NO: N/A
DISASTER AGENCY: N/A

RATE CATEGORY — RATING ENGINE

BUILDING: COVERAGE DEDUCTIBLE
\$2,500,000 \$5,000
CONTENTS: N/A N/A

COVERAGE LIMITATIONS AND A COINSURANCE PENALTY MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.

YOUR PROPERTY'S NFIP FLOOD CLAIMS HISTORY CAN AFFECT OUR PREMIUM. TO PREVENT DELAYS IN CLAIM HANDLING, IT IS IMPORTANT TO MAKE SURE THAT YOUR POLICY INFORMATION IS UP TO DATE AND ACCURATE. CONTACT YOUR INSURANCE AGENT OR COMPANY FOR QUESTIONS AND TO MAKE CHANGES TO YOUR POLICY OR VISIT [FLOODSMART.GOV/FLOOD](https://floodsmart.gov/flood) TO LEARN MORE ABOUT FLOOD INSURANCE.

COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$885.00
CONTENTS PREMIUM:	\$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$17.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$212.00)
FULL RISK PREMIUM:	\$690.00
ANNUAL INCREASE CAP DISCOUNT:	(\$0.00)
STATUTORY DISCOUNTS:	(\$25.00)
DISCOUNTED PREMIUM:	\$665.00
RESERVE FUND ASSESSMENT:	\$120.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$470.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$1,505.00

IN WITNESS WHEREOF, we have signed this policy below and hereby enter into this insurance agreement.

John Glomb / President and CEO

Edward Sayago / VP & Deputy CLO

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

Zero Balance Due - This Is Not A Bill

Policy issued by: PHILADELPHIA INDEMNITY INSURANCE COMPANY

Insurer NAIC Number: 18058



File: 32918256

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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 information 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 questionnaires 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 third 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 information 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.

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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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