



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/1/2019

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).

PRODUCER Whitehaven Insurance Services, LLC 2201 Oyster Bay Lane Gulf Shores AL 36542	CONTACT NAME: PHONE (A/C, No. Ext): 251-967-3323	FAX (A/C, No): 251-967-3324
	E-MAIL ADDRESS: kelly.henderson@whitehaveninsurance.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Aspen Specialty Insurance Company		10717
INSURER B : Greenwich Insurance Company		22322
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED SANCARL-05
 SAN CARLOS CONDOMINIUM OWNERS ASSN, INC.
 PO BOX 3813
 GULF SHORES AL 36547

COVERAGES

CERTIFICATE NUMBER: 481551813

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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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:			CIUCAP001700-05	5/4/2019	5/4/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							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
							HIRED/NON OWNED AUTO	\$ 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <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)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7445833	5/4/2019	5/4/2020	EACH OCCURRENCE	\$ 15,000,000
							AGGREGATE	\$ 15,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	DIRECTORS & OFFICERS			CIUCAP001700-05	5/4/2019	5/4/2020	LIMIT: \$1,000,000	DED: \$1,000
A	CRIME/ FIDELITY			CIUCAP001700-05	5/4/2019	5/4/2020	LIMITS: \$ 500,000	DED: \$2,000

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

LOCATION INSURED: 365 EAST BEACH BLVD GULF SHORES AL 36542

ONE BUILDING; 19 STORIES; 143 UNITS TOTAL; RESIDENTIAL CONDOMINIUM ASSOCIATION

GENERAL LIABILITY POLICY INCLUDES SEPARATION OF INSURED;
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 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

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Policy Number: 69615415532018

FLOOD POLICY DECLARATIONS

ASSURANT® American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337

Standard Policy

Type: Renewal

Policy Period: 09/16/2018 To 09/16/2019

Original New Business Effective Date: 09/09/2006

Reinstatement Date:

Form: RCBAP

For payment status, call: (800) 423-4403

These Declarations are effective

as of: 09/16/2018 at 12:01 AM

Address Info

Producer Name and Mailing Address:

WHITEHAVEN INSURANCE SVCS LLC
PO BOX 378
GULF SHORES, AL 36547

Insured Name and Mailing Address:

SAN CARLOS CONDOMINIUM OWNERS
PO BOX 3813
GULF SHORES, AL 36547-3813

NFIP Policy Number: 1961541553

Agent/Agency #: 70001-02856-000

Reference #:

Phone #: (251)967-3323

NAIC Number: 10111

Processed by:

Flood Service Center

P.O. Box 8695 Kalispell MT 59904-8695

Property Info

Property Location:

365 E BEACH BLVD
GULF SHORES, AL 36542-6521

Building Description:

Other Residential
Three or More Floors
Elevated With Enclosure
High Rise
Main House
Not Provided

Primary Residence: N

Premium Payor: Insured

Flood Risk/Rated Zone: AE Current Zone: AE

Community Number: 01 5005 1081 L

Community Name: GULF SHORES, CITY OF

Grandfathered: No

Post-Firm Construction

Program Type: Regular

Newly Mapped into SFHA:

Elev Diff: 1

Elevated Building: Y

No Addition(s) and Extension(s)

Replacement Cost: \$48,632,063

Number of Units: 143

Coverage & Rating

Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
Building:	35,750,000	.560 / .061	1,250	13-	22,668.00	Premium Subtotal:	22,668.00
Contents:						Multiplier:	
Contents						ICC Premium:	6.00
Location:						CRS Discount:	2,267.00
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:	3,061.00
						HFIAA Surcharge:	250.00
						Federal Policy Fee:	2,000.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
						Total Premium Paid:	25,718.00

Coverage Limitations May Apply. See Your Policy Form for Details.

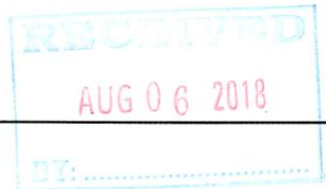
Mortgage Info

First Mortgage:

Loss Payee:

Second Mortgage:

Disaster Agency:





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 database, and an acknowledgement letter.

If you have any questions about your flood insurance policy, please contact your agent (refer to your Declarations Page on the reverse side).