

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 5/17/2022

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 COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. PHONE (A/C, No, Ext): 251-967-3323 Lexington Insurance Company Whitehaven Insurance Services, LLC 100 Summer Street 2201 Oyster Bay Lane Boston, MA 02110 Gulf Shores, AL 36542 E-MAIL ADDRESS: kelly.henderson@whitehaveninsurance.co FAX (A/C, No): 251-967-3324 CODE: SUB CODE: AGENCY CUSTOMER ID #: SANCARL-05 INSURED POLICY NUMBER LOAN NUMBER SAN CARLOS CONDOMINIUM OWNERS ASSN, INC. 017194681-00 P O BOX 3813 **GULF SHORES AL 36547** FFFECTIVE DATE **EXPIRATION DATE** CONTINUED UNTIL TERMINATED IF CHECKED 05/04/2022 05/04/2023 THIS REPLACES PRIOR EVIDENCE DATED: PROPERTY INFORMATION LOCATION/DESCRIPTION LOCATION INSURED: 365 EAST BEACH BLVD **GULF SHORES AL** 36542 ONE BUILDING; 19 STORIES; 143 UNITS TOTAL; RESIDENTIAL CONDOMINIUM ASSOCIATION COVERAGE INCLUDES REPLACEMENT COST VALUATION; COVERAGE INCLUDES "ALL IN" ENDORSEMENT(NO UPGRADES) COVERAGE INCLUDES ORDINANCE OR LAW; EQUIPMENT BREAKDOWN; CO-INSURANCE WAIVED 10 DAY NOTICE OF CANCELLATION 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. **COVERAGE INFORMATION** AMOUNT OF INSURANCE DEDUCTIBLE COVERAGE / PERILS / FORMS PROPETY: SPECIAL FORM INCLUDING WIND/HAIL/WIND DRIVEN RAIN/EQUIPMENT BREAKDOWN 51.420.247 50.000 DEDUCTIBLE. \$50,000 NAMED STORM WIND/HAIL/WDR / \$100,000 ALL OTHER WIND / \$5,000 EQUIPMENT 50 000 **BREAKDOWN** ADDITIONAL COVERAGES; \$50,000 CONTENTS \$175,000 POOL & RAILING 1.250 35,750,000 **FLOOD** AMERICAN BANKERS INS COMPANY; RCBAP; POL # 69615415532021 NUMBER OF UNITS 143; RCV \$48,632,063; CURRENT/RATED FLOOD ZONE "AE"; GRANDFATHERED EFFECTIVE 9/16/2021 TO 9/16/2022; ANNUAL PREMIUM \$27,465.

** NOTE - FLOOD LIMIT IS MAXIMUM ALLOWED BY NFIP FOR 143 UNITS ** **REMARKS (Including Special Conditions)** AS RESPECTS: UNIT OWNER NAME AND UNIT# CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST NAME AND ADDRESS MORTGAGEE ADDITIONAL INSURED LOSS PAYEE LOAN# ***FOR ASSOCIATION USE ONLY*** PLEASE CALL 251-967-3323 IF YOU NEED EVIDENCE OF INSURANCE **AUTHORIZED REPRESENTATIVE** FOR YOUR MORTGAGE COMPANY,



ASSURANT®

Policy Number: 69615415532021

FLOOD POLICY DECLARATIONS

American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337



010101

Type: Renewal

Standard Policy

Policy Period: 09/16/2021 To 09/16/2022

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: 09/16/2021 at 12:01 AM

Producer Name and Mailing Address:

WHITEHAVEN INSURANCE SVCS LLC PO BOX 378

GULF SHORES, AL 36547-0378

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 Location:

365 E BEACH BLVD GULF SHORES, AL 36542-6521

Primary Residence: N Premium Payor: Insured

Flood Risk/Rated Zone: AE Current Zone: AE

Rates

Community Number: 01 5005 1081 L Community Name: GULF SHORES, CITY OF

Grandfathered: Yes Post-Firm Construction

Coverage

Program Type: Regular

Type

Building Description:

Other Residential Three or More Floors Elevated With Enclosure

High Rise Main House Not Provided

Newly Mapped into SFHA:

Elev Diff:

Sub Total

Elevated Building: Y

No Addition(s) and Extension(s) Replacement Cost: \$48,632,063

Premium Calculation

Number of Units:

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Mortgage Info

Address Info

Property Info

Building: 35,750,000	.560 / .064	1,250	13 -	23,735.00	Premium Subtotal:	23,735.00
Contents:					Multiplier:	
Contents Location:					ICC Premium:	8.00
					CRS Discount:	2,374.00
THIS IS AN ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD					Reserve Fund Assmt:	3,846.00
					HFIAA Surcharge:	250.00
FLOOD INSURANCE POLICY.				Federal Policy Fee:	2,000.00	
					Probation Surcharge:	.00
					Endorsement Amount:	.00
Coverage Limitations May Apply. See Your Policy Form for Details.				S.	Total Premium Paid:	27,465.00

Discount

Deduct

First Mortgage:

Loss Payee:

Second Mortgage:

Disaster Agency:

Refer to www.fema.gov/cost-of-flood for more information about the risk of flooding and how it impacts the cost of flood insurance.