



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/11/2023

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> 2519673323 <b>E-MAIL ADDRESS:</b> info@whitehaveninsurance.com	<b>FAX (A/C, No):</b> 251-967-3324
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> SAN CARLOS CONDOMINIUM OWNERS ASSN, INC. PO BOX 3813 GULF SHORES AL 36547	<b>INSURER A :</b> Greenwich Insurance Company	
	<b>INSURER B :</b> Wesco Insurance Company	
	<b>INSURER C :</b> Trisura Specialty Insurance Company	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 3651262 **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:			CIUCAP401252-01	5/4/2023	5/4/2024	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
	<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 RETENTION \$			PPP7445833	5/4/2023	5/4/2024	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
B	<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			WWC645553	5/4/2023	5/4/2024	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	<b>DIRECTORS &amp; OFFICERS CRIME/ FIDELITY</b>			CIUCAP401252-01 CIUCAP401252-01	5/4/2023 5/4/2023	5/4/2024 5/4/2024	LIMIT: \$1,000,000 DED: \$1,000 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  
 10 DAY NOTICE OF CANCELLATION  
 AS RESPECTS: UNIT OWNER NAME AND UNIT#

<b>CERTIFICATE HOLDER</b>  ***FOR ASSOCIATION USE ONLY*** PLEASE CALL 251-967-3323 IF YOU NEED EVIDENCE OF INSURANCE FOR YOUR MORTGAGE COMPANY	<b>CANCELLATION</b>  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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**ASSURANT**<sup>®</sup>

American Bankers Insurance  
Company of Florida

**Agent Contact Information**  
Whitehaven Insurance Svcs Llc  
Po Box 378  
Gulf Shores, AL 36547-0378  
(251) 967-3323  
**Insurer NAIC Number** 10111

**Policy Number** 69615415532022  
**NFIP Policy Number** 6961541553  
**Policy Term** 09/16/2022 12:01 AM - 09/16/2023 12:01 AM  
**Policy Form** RCBAP  
**Policy Declarations Type** Renewal Policy Declarations  
**Payor** Insured  
**Rate Category** Rating Engine

## Flood Insurance Policy Declarations

### THIS IS NOT A BILL

**Insured Name and Mailing Address**  
SAN CARLOS CONDOMINIUM OWNERS  
PO BOX 3813  
GULF SHORES, AL 36547-3813

**Property Location**  
365 E BEACH BLVD  
GULF SHORES, AL 36542-6521

### COVERAGE AND RATING

	Coverage	Deductible	Premium Details	
<b>Building</b>	\$35,750,000	\$1,250	Building Premium	\$257,213
<b>Contents</b>	\$0	\$0	Contents Premium	\$0

ICC Premium	\$75
Mitigation Discounts	(-\$0)
CRS Discount	(-\$25,734)
<b>Full-Risk Premium</b>	<b>\$231,554</b>

### PROPERTY INFORMATION

<b>Flood Zone</b>	AE
<b>Primary Residence</b>	No
<b>Building Occupancy</b>	Res. Condo Building
<b>Building Description</b>	Res. Condo Building
<b>Building Description Detail</b>	
<b>First Floor Height</b>	2.4000000768 Feet
<b>Method Used for 1st Floor Height</b>	EC
<b>Property Description</b>	Elevated w/ enclsr. - other, 2 Floors, Other
<b>Date of Const/Substantial Imp</b>	01/01/2006
<b>Replacement Cost Value</b>	\$48,632,063
<b>Prior NFIP Claims</b>	0 claims
<b>Number of Units</b>	143

<u>Statutory Discounts</u>	
Annual Increase Cap Discount	(-\$206,340)
Pre-FIRM Discount	(-\$0)
Newly Mapped Discount	(-\$0)
Other Statutory Discounts	(-\$0)
<b>Discounted Premium</b>	<b>\$25,214</b>
<u>Fees and Surcharges</u>	
Reserve Fund Assessment	\$4,539
HFIAA Surcharge	\$250
Federal Policy Fee	\$2,026
Probation Surcharge	\$0
<b>Total Annual Premium</b>	<b>\$32,029</b>

Effective 4/1/2022, the NFIP implemented a new pricing methodology, Risk Rating 2.0 Phase II Renewals. Some property information on your policy may have been updated. Please contact your flood insurance agent to ensure you have the most accurate and up to date property information.

Your property's NFIP flood claims history can affect your premium.

### MORTGAGE INFORMATION

Coverage limitations may apply. See your policy form for details.

For Questions about your flood insurance policy rating, contact your agent or insurance company. To learn more about your flood risk please visit [FloodSmart.gov/floodcosts](https://www.floodsmart.gov/floodcosts).

**Policy Issued By:** American Bankers Insurance Company of Florida

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