



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

5/13/2024

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.

AGENCY Whitehaven Insurance Services, LLC 2201 Oyster Bay Lane Gulf Shores, AL 36542		PHONE (A/C, No, Ext): 251-967-3323	COMPANY Lexington Insurance Company 100 Summer Street Boston, MA 02110	
FAX (A/C, No): 251-967-3324	E-MAIL ADDRESS: info@whitehaveninsurance.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: SANCARL-05		LOAN NUMBER *****		POLICY NUMBER 017194681-02
INSURED SAN CARLOS CONDOMINIUM OWNERS ASSN, INC. 365 East Beach Blvd 3rd Floor Office GULF SHORES AL 36542		EFFECTIVE DATE 05/04/2024	EXPIRATION DATE 05/04/2025	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
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

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
PROPERTY: SPECIAL FORM INCLUDING WIND/HAIL/WIND DRIVEN RAIN/ DEDUCTIBLE: \$50,000 NAMED STORM WIND/HAIL/WDR / \$100,000 ALL OTHER WIND / ADDITIONAL COVERAGES: \$50,000 CONTENTS \$175,000 POOL & RAILING EQUIPMENT BREAKDOWN: TRAVELERS #7S98311-7	51,420,247	25,000 50,000
**FLOOD** SELECTIVE INS COMPANY; RCBAP; POL # FLD2334537 NUMBER OF UNITS 143; RCV \$53,911,844; CURRENT/RATED FLOOD ZONE "AE"; GRANDFATHERED EFFECTIVE 9/16/2023 TO 9/16/2024; ANNUAL PREMIUM \$41,287 ** NOTE - FLOOD LIMIT IS MAXIMUM ALLOWED BY NFIP FOR 143 UNITS **	51,420,247 35,750,000 **	5,000 1,250

## REMARKS (Including Special Conditions)

AS RESPECTS: UNIT OWNER NAME AND UNIT#
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## 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 FOR YOUR MORTGAGE COMPANY,	AUTHORIZED REPRESENTATIVE 	

WHITEHAVEN INSURANCE SERVICES LLC  
PO BOX 378  
GULF SHORES, AL 36547-0378

Agency Phone: (251) 967-3323

NFIP Policy Number: 0002334537  
Company Policy Number: FLD2334537  
Agent: WHITEHAVEN INSURANCE SERVICES LLC

Payor: INSURED  
Policy Term: 09/16/2023 12:01 AM - 09/16/2024 12:01 AM  
Policy Form: RCBAP

To report a claim  
visit or call us at: <https://customer.myselectiveflood.com>  
(877) 348-0552

**NEW FLOOD INSURANCE POLICY DECLARATIONS**  
NATIONAL FLOOD INSURANCE PROGRAM

**DELIVERY ADDRESS**

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

**INSURED NAME(S) AND MAILING ADDRESS**

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

**COMPANY MAILING ADDRESS**

Selective Ins Co of the Southeast  
PO BOX 782747  
PHILADELPHIA, PA 19178-2747

**INSURED PROPERTY LOCATION**

365 E BEACH BLVD  
GULF SHORES, AL 36542-6521

**RATING INFORMATION**

**BUILDING OCCUPANCY:** RESIDENTIAL CONDOMINIUM BUILDING  
**NUMBER OF UNITS:** 143 UNITS  
**PRIMARY RESIDENCE:** NO  
**PROPERTY DESCRIPTION:** ELEVATED WITHOUT ENCLOSURE ON POSTS, PILES OR PIERS, 19 FLOOR(S)  
**PRIOR NFIP CLAIMS:** 0 CLAIM(S)

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

**REPLACEMENT COST VALUE:** \$53,911,844.00  
**DATE OF CONSTRUCTION:** 01/01/2006

**CURRENT FLOOD ZONE:** AE  
**FIRST FLOOR HEIGHT (FEET):** 3.8  
**FIRST FLOOR HEIGHT METHOD:** ELEVATION CERTIFICATE

**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**

	<u>COVERAGE</u>	<u>DEDUCTIBLE</u>
<b>BUILDING:</b>	\$35,750,000	\$1,250
<b>CONTENTS:</b>	N/A	N/A

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.  
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 questions 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 [FloodSmart.gov/floodcosts](http://FloodSmart.gov/floodcosts).

**COMPONENTS OF TOTAL AMOUNT DUE**

<b>BUILDING PREMIUM:</b>	\$84,685.00
<b>CONTENTS PREMIUM:</b>	\$0.00
<b>INCREASED COST OF COMPLIANCE (ICC) PREMIUM:</b>	\$75.00
<b>MITIGATION DISCOUNT:</b>	(\$0.00)
<b>COMMUNITY RATING SYSTEM REDUCTION:</b>	(\$0.00)
<b>FULL RISK PREMIUM:</b>	<b>\$84,760.00</b>
<b>ANNUAL INCREASE CAP DISCOUNT:</b>	(\$51,700.00)
<b>STATUTORY DISCOUNTS:</b>	(\$0.00)
<b>DISCOUNTED PREMIUM:</b>	<b>\$33,060.00</b>
<b>RESERVE FUND ASSESSMENT:</b>	\$5,951.00
<b>HFIAA SURCHARGE:</b>	\$250.00
<b>FEDERAL POLICY FEE:</b>	\$2,026.00
<b>PROBATION SURCHARGE:</b>	\$0.00
<b>TOTAL ANNUAL PREMIUM:</b>	<b>\$41,287.00</b>

IN WITNESS WHEREOF, I have signed this policy below and enter in to this Insurance Agreement



Michael H. Lanza / Secretary



John Marchioni / Chairman, President & CEO

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: Selective Ins Co of the Southeast

Insurer NAIC Number: 39926



File: 29561550

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