

## EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 5/9/2025

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 O Box 750896 2201 Oyster Bay Lane Memphis, TN 38175-0896 Gulf Shores, AL 36542 E-MAIL ADDRESS: info@whitehaveninsurance.com 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. 017194681-03 365 East Beach Blvd 3rd Floor Office **GULF SHORES AL 36542** FFFECTIVE DATE **EXPIRATION DATE** CONTINUED UNTIL TERMINATED IF CHECKED 05/04/2025 05/04/2026 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/NO INFLÁTION GUARD-NOT AVAILABLE/SEPARATION OF INSUREDS INCLUDED 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/ 25.000 69 011 953 DEDUCTIBLE: \$50,000 NAMED STORM WIND/HAIL/WDR / \$100,000 ALL OTHER WIND / ADDITIONAL COVERAGES; \$175,000 POOL & RAILING INCLUDED EQUIPMENT BREAKDOWN: TRAVELERS #7S98311-7 50,000 69 011 953 5 000 \*\*FLOOD\*\* SELECTIVE INS COMPANY; RCBAP; POL # FLD2334537; EFF 9/16/2024 TO 9/16/2025; NUMBER OF UNITS 143; RCV \$72,197,158; FLOOD ZONE "AE"; ANNUAL PREMIUM \$48,309 \*\* NOTE - FLOOD LIMIT IS MAXIMUM ALLOWED BY NFIP FOR 143 UNITS \*\* 35,750,000 \*\* 1.250 **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,



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

WHITEHAVEN INSURANCE SERVICES LLC Agent:

**INSURED** Payor:

09/16/2024 12:01 AM - 09/16/2025 12:01 AM **Policy Term:** 

Policy Form: **RCBAP** 

https://customer.myselectiveflood.com To report a claim

visit or call us at: (877) 348-0552

## RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

## DELIVERY ADDRESS

SAN CARLOS CONDOMINIUM OWNERS 365 E BEACH BLVD, 3RD FLOOR OFFICE **GULF SHORES, AL 36542** 

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

SAN CARLOS CONDOMINIUM OWNERS 365 E BEACH BLVD, 3RD FLOOR OFFICE

**GULF SHORES, AL 36542** 

**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

**BUILDING DESCRIPTION:** 

ENTIRE RESIDENTIAL CONDOMINIUM BUILDING

BUILDING DESCRIPTION DETAIL: N/A

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) REPLACEMENT COST VALUE: \$72,197,158.00 DATE OF CONSTRUCTION: 01/01/2006

CURRENT FLOOD ZONE: AF

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

**COVERAGE DEDUCTIBLE** 

**BUILDING:** \$35,750,000 \$1.250 CONTENTS: 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.

COMPONENTS OF TOTAL AMOUNT DUE

**BUILDING PREMIUM:** \$97,776.00 CONTENTS PREMIUM: \$0.00 INCREASED COST OF COMPLIANCE (ICC) PREMIUM: \$75.00

> MITIGATION DISCOUNT: (\$0.00)COMMUNITY RATING SYSTEM REDUCTION: (\$0.00)

> > **FULL RISK PREMIUM:** ANNUAL INCREASE CAP DISCOUNT:

\$97,851.00 (\$58.840.00) STATUTORY DISCOUNTS: (\$0.00)

**DISCOUNTED PREMIUM:** RESERVE FUND ASSESSMENT:

\$39,011.00 \$7,022.00

HFIAA SURCHARGE: **FEDERAL POLICY FEE:** PROBATION SURCHARGE:

\$250.00 \$2,026.00 \$0.00

TOTAL ANNUAL PREMIUM: \$48,309.00

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

Policy issued by: Selective Ins Co of the Southeast

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

**Insurer NAIC Number:** 39926

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