

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 4/7/2020

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.

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AGENCY Whitehaven Insurance Serv		kt): 251-967-3323	COMPANY National Flood Insurance Program					
2201 Oyster Bay Lane	rices, LLC		PO Box 2965	FEMA PO Box 2965				
Gulf Shores, AL 36542			Shawnee Mission, KS	66201				
FAX (A/C, No): 251-967-3324	E-MAIL ADDRESS: Ba	arbara.Schillace@whitehaven						
CODE:		SUB CODE: insurance.com						
AGENCY CUSTOMER ID #: GULFVIL-01								
INSURED		IEDO AGGOLATION ING	LOAN NUMBER	LOAN NUMBER POLICY NUMBER				
GULF VILLAGE CONDOMI PO BOX 2562	INIUM OWN	IERS ASSOCIATION, INC	SEE BELOW		RL00056228			
GULF SHORES AL 36547-	2562		EFFECTIVE DATE	EXPIRATION DATE	CONTINUED UNTIL			
			03/31/2020	03/31/2021	TERMINATED IF CHECKED			
			THIS REPLACES PRIOR EVID	ENCE DATED:				
PROPERTY INFORMATION)N		·					

LOCATION/DESCRIPTION

LOCATION INSURED: 1027 & 1028 WEST BEACH BLVD **GULF SHORES AL** 36542

RESIDENTIAL CONDOMINIUM ASSOCIATION

3 CONDO BUILDINGS; 6 SINGLE UNIT BUILDINGS; 3 DUPLEX BUILDINGS; 60 TOTAL UNITS

ALL FLOOD POLICIES EFFECTIVE: 03/31/2020 - 03/31/2021

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 IN ORMATION		
COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
NATIONAL FLOOD INSURANCE; RCBAP; CURRENT/RATED FLOOD ZONE AE; NOT GRANDFATHERED		
WEST BLDG; 28 UNITS; POL# RL00056228; RCV \$4,571,260; PREMIUM \$6,422	4,571,300	1,250
AMERICAN BANKERS INS CO; RCBAP POLICIES; CURRENT/RATED FLOOD ZONE AE; NOT GRANDFATHERED		
[EAST BLDG; 6 UNITS; POL# 69060026272020; RCV \$749,224; PREMIUM \$2,004	824,100	1,250
CENTER BLDG; 14 UNITS; POL# 69060092042020; RCV \$1,113,600; PREMIUM \$3,625	1,225,000	1,250
BUILDING 3 & 4; 2 UNITS; POL# 69615255512020; RCV \$208,900; PREMIUM \$819	229,800	1,250
	97,000	1,000
	97,000	1,000
	97,000	1,000
	229,800	1,250
	97,000	1,000
	97,000	1,000
	97,000	1,000
See Attached		

REMARKS (Including Special Conditions)

LOCATION INSURED: 1027 WEST BEACH BLVD., GULF SHORES AL 36542 AND 1028 WEST BEACH BLVD., GULF SHORES AL 36542

60 UNITS TOTAL; RESIDENTIAL CONDOMINIUM ASSOCIATION 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	Х	MORTGAGEE		ADDITIONAL INSURED
		LOSS PAYEE		
	LOA	N#		
FOR ASSOCIATION USE ONLY PLEASE CALL 251-967-3323 IF	ΥO	UR LOAN #		
YOU NEED EVIDENCE OF INSURANCE	ΑU٦	THORIZED REPRESENTAT	IVE	1. 4. 4.
FOR YOUR MORTGAGE COMPANY,		Buce Q. L	U	ate gr
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DESCRIPTIONS Continued.
COVERAGE INFORMATION:
BUILDING 15 & 16; 2 UNITS; POL# 69615255592020; RCV \$208,900; PREMIUM \$865, Amount Of Insurance: 229,800, Deductible: 1,250

Policy Number: 69060092042020

FLOOD POLICY DECLARATIONS

American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337

Type: Renewal

Standard Policy

Policy Period: 03/31/2020 03/31/2021

Original New Business Effective Date: 03/31/2016

Reinstatement Date:

Form: RCBAP

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

These Declarations are effective

as of: 03/31/2020 at 12:01 AM

Producer Name and Mailing Address:

WHITEHAVEN INSURANCE SVCS LLC

PO BOX 378

GULF SHORES, AL 36547

 $\begin{array}{l} \textbf{Insured Name and Mailing Address:} \\ \textbf{GULF VILLAGE CONDO ASSOC INC} \end{array}$

PO BOX 2562

GULF SHORES, AL 36547-2562

NFIP Policy Number: AB00222447

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:

1027 W BEACH BLVD CENTER BLDG

GULF SHORES, AL 36542

Primary Residence: N Premium Payor: Insured

Flood Risk/Rated Zone: AE Current Zone: AE

Rates

Community Number: 01 5005 1077 M Community Name: GULF SHORES, CITY OF

Grandfathered: No Post-Firm Construction

Coverage

Program Type: Regular

Туре

Building Description:

Other Residential Two Floors

Elevated Without Enclosure

Low Rise Main House Not Provided

Newly Mapped into SFHA:

Elev Diff:

Sub Total

Elevated Building: Y

No Addition(s) and Extension(s) Replacement Cost: \$1,113,600

Premium Calculation

Number of Units: 14

Coverage & Rating

Mortgage Info

Property Info

Address Info

Building:	1,225,000	.260 / .080	1,250	12	2,480.00	Premium Subtotal:	2,480.00
Contents:						Multiplier:	
Contents	•			•		ICC Premium:	8.00
Location:						CRS Discount:	249.00
						Reserve Fund Assmt:	336.00
	ELEVATED BUILDI ATED FLOOR. SE	NG. COVERAGE IS LIM E PROPERTY NOT COVER				HFIAA Surcharge:	250.00
FLOOD INSUR	ANCE POLICY.					Federal Policy Fee:	800.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
Coverag	ge Limitations M	lay Apply. See Your	Policy Form	for Details	3.	Total Premium Paid:	3,625.00

Discount

Deduct

First Mortgage:

Loss Payee:

Second Mortgage:

Disaster Agency:

Policy Number: 69060026272020

FLOOD POLICY DECLARATIONS

American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337

Type: Renewal

Standard Policy

Policy Period: 03/31/2020 03/31/2021

Original New Business Effective Date: 03/31/2016

Reinstatement Date:

Form: RCBAP

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

These Declarations are effective

as of: 03/31/2020 at 12:01 AM

Producer Name and Mailing Address:

WHITEHAVEN INSURANCE SVCS LLC

PO BOX 378

GULF SHORES, AL 36547

 $\begin{array}{l} \textbf{Insured Name and Mailing Address:} \\ \textbf{GULF VILLAGE CONDO ASSOC INC} \end{array}$

PO BOX 2562

GULF SHORES, AL 36547-2562

NFIP Policy Number: AB00222448 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:

1027 W BEACH BLVD EAST BLDG GULF SHORES, AL 36542

Primary Residence: N Premium Payor: Insured

Flood Risk/Rated Zone: AE Current Zone: AE

Rates

Community Number: 01 5005 1077 L Community Name: GULF SHORES, CITY OF

Grandfathered: Yes Post-Firm Construction Program Type: Regular

Coverage

Type

Building Description:

Other Residential Two Floors

Elevated Without Enclosure Low Rise

Main House Not Provided

Newly Mapped into SFHA:

Elev Diff:

Sub Total

Elevated Building: Y

No Addition(s) and Extension(s) Replacement Cost: \$749,224

Premium Calculation

Number of Units:

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Mortgage Info

Address Info

Property Info

Building:	824,100	.260 / .080	1,250	7	1,300.00	Premium Subtotal:	1,300.00
Contents:						Multiplier:	
Contents				•		ICC Premium:	8.00
Location:						CRS Discount:	131.00
						Reserve Fund Assmt:	177.00
	ELEVATED BUILDI ATED FLOOR. SE	ING. COVERAGE IS LIM EE PROPERTY NOT COVER				HFIAA Surcharge:	250.00
FLOOD INSURA	ANCE POLICY.					Federal Policy Fee:	400.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
Coverag	e Limitations N	May Apply. See Your	Policy Form	n for Details		Total Premium Paid:	2,004.00

Discount

Deduct

First Mortgage:

Loss Payee:

Second Mortgage:

Disaster Agency:

Policy Number: 69615255562020

FLOOD POLICY DECLARATIONS

American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337

Type: Renewal

Standard Policy

Policy Period: 03/31/2020 03/31/2021

Original New Business Effective Date: 03/31/2005

Reinstatement Date:

Form: RCBAP

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

These Declarations are effective

as of: 03/31/2020 at 12:01 AM

Producer Name and Mailing Address:

WHITEHAVEN INSURANCE SVCS LLC

PO BOX 378

GULF SHORES, AL 36547

Insured Name and Mailing Address: GULF VILLAGE CONDO ASSOC INC

PO BOX 2562

GULF SHORES, AL 36547-2562

NFIP Policy Number: 1961525556 Agent/Agency #: 70001-02856-000

Reference #:

Phone #: (251) 967-3323

NAIC Number: 10111

Processed by:

Single Family

One Floor

Low Rise Main House

Flood Service Center

Building Description:

P.O. Box 8695 Kalispell MT 59904-8695

Property Location:

1028 W BEACH BLVD BLDG 12 GULF SHORES, AL 36542

Primary Residence: N Premium Payor: Insured

Flood Risk/Rated Zone: AE Current Zone: AE

Community Number: 01 5005 1077 L Community Name: GULF SHORES, CITY OF

Coverage

Grandfathered: Yes Post-Firm Construction Program Type: Regular

Rates

Newly Mapped into SFHA: Elev Diff:

Elevated Without Enclosure

Elevated Building: Y

No Addition(s) and Extension(s) Replacement Cost: \$88,200

Premium Calculation

Number of Units:

Coverage & Rating

Mortgage Info

Address Info

Property Info

Building:	97,000	.310 / .110	1,000		227.00	Premium Subtotal:	227.00
Contents:						Multiplier:	
Contents		•		•		ICC Premium:	8.00
Location:						CRS Discount:	24.00
						Reserve Fund Assmt:	32.00
	ELEVATED BUILD	ING. COVERAGE IS LIN EE PROPERTY NOT COVER				HFIAA Surcharge:	250.00
FLOOD INSUR	ANCE POLICY.					Federal Policy Fee:	50.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
Coverag	ge Limitations l	May Apply. See Your	Policy For	m for Detail	ls.	Total Premium Paid:	543.00

Deduct Discount Sub Total

First Mortgage:

Loss Payee:

Second Mortgage:

Disaster Agency:

Policy Number: 69615255572020

FLOOD POLICY DECLARATIONS

American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337

Type: Renewal

Standard Policy

Policy Period: 03/31/2020 03/31/2021

Original New Business Effective Date: 03/31/2005

Reinstatement Date:

Form: RCBAP

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

These Declarations are effective

as of: 03/31/2020 at 12:01 AM

Producer Name and Mailing Address:

WHITEHAVEN INSURANCE SVCS LLC

PO BOX 378

GULF SHORES, AL 36547

Insured Name and Mailing Address: GULF VILLAGE CONDO ASSOC INC

PO BOX 2562

GULF SHORES, AL 36547-2562

NFIP Policy Number: 1961525557 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:

1028 W BEACH BLVD BLDG 13 GULF SHORES, AL 36542

Primary Residence: N Premium Payor: Insured

Flood Risk/Rated Zone: AE Current Zone: AE

Rates

Community Number: 01 5005 1077 L Community Name: GULF SHORES, CITY OF

Grandfathered: Yes Post-Firm Construction

Program Type: Regular Type Coverage

Building Description:

Single Family One Floor

Elevated Without Enclosure

Low Rise

Main House

Newly Mapped into SFHA:

Elev Diff:

Elevated Building: Y

No Addition(s) and Extension(s) \$88,200

Premium Calculation

Replacement Cost:

Number of Units:

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Mortgage Info

Address Info

Property Info

Building:	97,000	.310 / .110	1,000		227.00	Premium Subtotal:	227.00
Contents:						Multiplier:	
Contents		•		•		ICC Premium:	8.00
Location:						CRS Discount:	24.00
						Reserve Fund Assmt:	32.00
	ELEVATED BUILD	ING. COVERAGE IS LIN EE PROPERTY NOT COVER				HFIAA Surcharge:	250.00
FLOOD INSUR	ANCE POLICY.					Federal Policy Fee:	50.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
Coverag	ge Limitations l	May Apply. See Your	Policy For	m for Detail	ls.	Total Premium Paid:	543.00

Deduct Discount Sub Total

First Mortgage:

Loss Payee:

Second Mortgage:

Disaster Agency:

Policy Number: 69615255582020

FLOOD POLICY DECLARATIONS

American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337

Type: Renewal

Standard Policy

Type. Renewar

Policy Period: 03/31/2020 03/31/2021

Original New Business Effective Date: 03/31/2005

Reinstatement Date:

Form: RCBAP

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

These Declarations are effective

as of: 03/31/2020 at 12:01 AM

Producer Name and Mailing Address:

WHITEHAVEN INSURANCE SVCS LLC

PO BOX 378

GULF SHORES, AL 36547

 $\begin{array}{l} \textbf{Insured Name and Mailing Address:} \\ \textbf{GULF VILLAGE CONDO ASSOC INC} \end{array}$

PO BOX 2562

GULF SHORES, AL 36547-2562

NFIP Policy Number: 1961525558 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:

1028 W BEACH BLVD BLDG 14 GULF SHORES, AL 36542

Primary Residence: N
Premium Payor: Insured

Flood Risk/Rated Zone: AE Current Zone: AE

Rates

Community Number: 01 5005 1077 L
Community Name: GULF SHORES, CITY OF

Grandfathered: Yes
Post-Firm Construction

Program Type: Regular

Coverage

Type

Building Description:

Single Family One Floor

Elevated Without Enclosure

Low Rise

Main House

Newly Mapped into SFHA:

Elev Diff: 3

Sub Total

Elevated Building: Y

No Addition(s) and Extension(s)

Replacement Cost:

\$88,200

Premium Calculation

Number of Units: 1

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	Coverage	

Mortgage Info

Address Info

Property Info

Building:	97,000	.310 /	.110	1,000		227.00	Premium Subtotal:	227.00
Contents:							Multiplier:	
Contents	'						ICC Premium:	8.00
Location:							CRS Discount:	24.00
•							Reserve Fund Assmt:	32.00
THIS IS AN E LOWEST ELEVA	LEVATED BUILDIN TED FLOOR. SEE	NG. COVERAG E PROPERTY N		IITED BELOW ED IN STANI			HFIAA Surcharge:	250.00
FLOOD INSURA	NCE POLICY.						Federal Policy Fee:	50.00
							Probation Surcharge:	.00
							Endorsement Amount:	.00
Coverage	e Limitations M	ay Apply. S	ee Your	Policy For	m for Detail	s.	Total Premium Paid:	543.00

Discount

Deduct

First Mortgage:

Loss Payee:

Second Mortgage:

Disaster Agency:

Policy Number: 69615255592020

FLOOD POLICY DECLARATIONS

American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337

Type: Renewal

Standard Policy

Policy Period: 03/31/2020 03/31/2021

Original New Business Effective Date: 03/31/2005

Reinstatement Date:

Form: RCBAP

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

These Declarations are effective

as of: 03/31/2020 at 12:01 AM

Producer Name and Mailing Address:

WHITEHAVEN INSURANCE SVCS LLC

PO BOX 378

GULF SHORES, AL 36547

Insured Name and Mailing Address: GULF VILLAGE CONDO ASSOC INC

PO BOX 2562

GULF SHORES, AL 36547-2562

NFIP Policy Number: 1961525559 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:

1028 W BEACH BLVD BLDG 15 & 16 GULF SHORES, AL 36542

Primary Residence: N Premium Payor: Insured

Flood Risk/Rated Zone: AE Current Zone: AE

Rates

Community Number: 01 5005 1077 M Community Name: GULF SHORES, CITY OF

Grandfathered: No Post-Firm Construction

Program Type: Regular

Coverage

Туре

Building Description:

2-4 Family One Floor

Elevated Without Enclosure

Low Rise Main House Not Provided

Newly Mapped into SFHA:

Elev Diff:

Sub Total

Elevated Building: Y

No Addition(s) and Extension(s) Replacement Cost: \$208,900

Number of Units:

Premium Calculation

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Mortgage Info

Address Info

Property Info

Building:	229,800	.270 / .110	1,250	4	441.00	Premium Subtotal:	441.00
Contents:						Multiplier:	
Contents				ICC Premium:	8.00		
Location:				CRS Discount:	45.00		
						Reserve Fund Assmt:	61.00
THIS IS AN E	ELEVATED BUILDIN ATED FLOOR. SEI	NG. COVERAGE IS LIN E PROPERTY NOT COVER				HFIAA Surcharge:	250.00
FLOOD INSURA	ANCE POLICY.					Federal Policy Fee:	150.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
Coverage Limitations May Apply. See Your Policy Form for Details.						Total Premium Paid:	865.00

Discount

Deduct

First Mortgage:

Loss Payee:

**Second Mortgage:** 

Disaster Agency:

#### Policy Number: 69615255512020

#### FLOOD POLICY DECLARATIONS

#### American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337

Type: Renewal

Standard Policy

**Policy Period:** 03/31/2020 03/31/2021

Original New Business Effective Date: 03/31/2005

Reinstatement Date:

Form: RCBAP

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

These Declarations are effective

as of: 03/31/2020 at 12:01 AM

Producer Name and Mailing Address:

WHITEHAVEN INSURANCE SVCS LLC

PO BOX 378

GULF SHORES, AL 36547

Insured Name and Mailing Address: GULF VILLAGE CONDO ASSOC INC

PO BOX 2562

GULF SHORES, AL 36547-2562

NFIP Policy Number: 1961525551 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:** 

1028 W BEACH BLVD BLDG 3 & 4

GULF SHORES, AL 36542

Primary Residence: N Premium Payor: Insured

Flood Risk/Rated Zone: AE Current Zone: AE

Rates

Community Number: 01 5005 1077 M Community Name: GULF SHORES, CITY OF

Grandfathered: No Post-Firm Construction

Coverage

Program Type: Regular

Туре

**Building Description:** 

2-4 Family Two Floors

Elevated Without Enclosure

Low Rise Main House Not Provided

Newly Mapped into SFHA:

Elev Diff:

Sub Total

Elevated Building: Y

No Addition(s) and Extension(s) Replacement Cost: \$208,900

Premium Calculation

**Number of Units:** 

Coverage & Rating

Mortgage Info

Address Info

Property Info

Building:	229,800	.260 / .080	1,250	4	396.00	Premium Subtotal:	396.00		
Contents:						Multiplier:			
Contents			ICC Premium:	8.00					
Location:	Location: CRS Discount:								
						Reserve Fund Assmt:	55.00		
THIS IS AN E	LEVATED BUILDING TED FLOOR. SEI	NG. COVERAGE IS LIM E PROPERTY NOT COVER				HFIAA Surcharge:	250.00		
FLOOD INSURA						Federal Policy Fee:	150.00		
						Probation Surcharge:	.00		
						Endorsement Amount:	.00		
Coverage	e Limitations M	lay Apply. See Your	Policy Form	for Details.		Total Premium Paid:	819.00		

Discount

Deduct

First Mortgage:

Loss Payee:

**Second Mortgage:** 

Disaster Agency:

#### Policy Number: 69615255522020

## FLOOD POLICY DECLARATIONS

#### American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337

Type: Renewal

Standard Policy

**Policy Period:** 03/31/2020 03/31/2021

Original New Business Effective Date: 03/31/2005

Reinstatement Date:

Form: RCBAP

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

These Declarations are effective as of: 03/31/2020 at 12:01 AM

Producer Name and Mailing Address:

WHITEHAVEN INSURANCE SVCS LLC

PO BOX 378

Address Info

Property Info

GULF SHORES, AL 36547

Insured Name and Mailing Address: GULF VILLAGE CONDO ASSOC INC

PO BOX 2562

GULF SHORES, AL 36547-2562

NFIP Policy Number: 1961525552 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:** 

1028 W BEACH BLVD BLDG 5 GULF SHORES, AL 36542

Primary Residence: N Premium Payor: Insured

Flood Risk/Rated Zone: AE Current Zone: AE

Community Number: 01 5005 1077 L Community Name: GULF SHORES, CITY OF

Grandfathered: Yes Post-Firm Construction

Program Type: Regular

**Building Description:** 

Single Family One Floor

Elevated Without Enclosure Low Rise

Main House

Newly Mapped into SFHA:

Elev Diff:

Elevated Building: Y

No Addition(s) and Extension(s)

Replacement Cost:

\$88,200

**Number of Units:** 

Туре	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
Building:	97,000	.310 / .110	1,250	5	222.00	Premium Subtotal:	222.00
Contents:						Multiplier:	
Contents					•	ICC Premium:	8.00
Location:						CRS Discount:	23.00
						Reserve Fund Assmt:	31.00
	ELEVATED BUILDING VATED FLOOR. SE	NG. COVERAGE IS LIN E PROPERTY NOT COVER				HFIAA Surcharge:	250.00
	RANCE POLICY.	I INOLDICI NOI GOVE		J111125		Federal Policy Fee:	50.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
Covera	ge Limitations M	fay Apply. See Your	Policy For	m for Detail	ls.	Total Premium Paid:	538.00

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.

Mortgage Info

#### Policy Number: 69615255532020

## FLOOD POLICY DECLARATIONS

#### American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337

Type: Renewal

Standard Policy

**Policy Period:** 03/31/2020 03/31/2021

Original New Business Effective Date: 03/31/2005

Reinstatement Date:

Form: RCBAP

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

These Declarations are effective as of: 03/31/2020 at 12:01 AM

Producer Name and Mailing Address:

WHITEHAVEN INSURANCE SVCS LLC

PO BOX 378

GULF SHORES, AL 36547

Insured Name and Mailing Address: GULF VILLAGE CONDO ASSOC INC

PO BOX 2562

GULF SHORES, AL 36547-2562

NFIP Policy Number: 1961525553 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:** 

1028 W BEACH BLVD BLDG 6 GULF SHORES, AL 36542

**Building Description:** 

Single Family One Floor

Elevated Without Enclosure Low Rise

Main House

Primary Residence: N Premium Payor: Insured

Flood Risk/Rated Zone: AE Current Zone: AE

Rates

Community Number: 01 5005 1077 L Community Name: GULF SHORES, CITY OF

Grandfathered: Yes Post-Firm Construction

Program Type: Regular

Coverage

Туре

Newly Mapped into SFHA:

Elev Diff:

Sub Total

Elevated Building: Y

No Addition(s) and Extension(s)

Replacement Cost:

\$88,200

**Premium Calculation** 

**Number of Units:** 

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Mortgage Info

Address Info

Property Info

Building:	97,000	.310 / .110	1,000		227.00	Premium Subtotal:	227.00
Contents:						Multiplier:	
Contents	,			•		ICC Premium:	8.00
Location:				CRS Discount:	24.00		
						Reserve Fund Assmt:	32.00
THIS IS AN E LOWEST ELEVA	LEVATED BUILDING. SER	NG. COVERAGE IS LIM E PROPERTY NOT COVER				HFIAA Surcharge:	250.00
FLOOD INSURA	NCE POLICY.					Federal Policy Fee:	50.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
Coverage Limitations May Apply. See Your Policy Form for Details.						Total Premium Paid:	543.00

Discount

Deduct

First Mortgage:

Loss Payee:

**Second Mortgage:** 

Disaster Agency:

#### Policy Number: 69615255542020

#### FLOOD POLICY DECLARATIONS

#### American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337

Type: Renewal

Standard Policy

Type. Renewar

Policy Period: 03/31/2020 03/31/2021

Original New Business Effective Date: 03/31/2005

**Reinstatement Date:** 

Form: RCBAP

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

These Declarations are effective

as of: 03/31/2020 at 12:01 AM

Producer Name and Mailing Address:

WHITEHAVEN INSURANCE SVCS LLC

PO BOX 378

GULF SHORES, AL 36547

Insured Name and Mailing Address: GULF VILLAGE CONDO ASSOC INC

PO BOX 2562

GULF SHORES, AL 36547-2562

**NFIP Policy Number:** 1961525554 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:** 

1028 W BEACH BLVD BLDG 7 GULF SHORES, AL 36542

Primary Residence: N
Premium Pavor: Insured

Flood Risk/Rated Zone: AE Current Zone: AE

Rates

Community Number: 01 5005 1077 L
Community Name: GULF SHORES, CITY OF

Grandfathered: Yes
Post-Firm Construction

Program Type: Regular

Coverage

Туре

Building Description:

Single Family One Floor

Elevated Without Enclosure

Low Rise Main House

Newly Mapped into SFHA:

Elev Diff: 3

Sub Total

Elevated Building: Y

No Addition(s) and Extension(s)

Replacement Cost:

\$88,200

Premium Calculation

Number of Units: 1

Coverage & Rating

Mortgage Info

Address Info

Property Info

Building:	97,000	.310 / .110	1,000	227.00	Premium Subtotal:	227.00
Contents:					Multiplier:	
Contents	'		•	ICC Premium:	8.00	
Location:				CRS Discount:	24.00	
					Reserve Fund Assmt:	32.00
THIS IS AN E	LEVATED BUILDING TED FLOOR. SEE	NG. COVERAGE IS LIM E PROPERTY NOT COVER			HFIAA Surcharge:	250.00
FLOOD INSURA	NCE POLICY.				Federal Policy Fee:	50.00
				Probation Surcharge:	.00	
					Endorsement Amount:	.00
Coverage	e Limitations M	lay Apply. See Your	Policy Form for D	etails.	Total Premium Paid:	543.00

Discount

Deduct

First Mortgage:

Loss Payee:

**Second Mortgage:** 

Disaster Agency:

#### Policy Number: 69615255552020

## FLOOD POLICY DECLARATIONS

#### American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337

Type: Renewal

Standard Policy

**Policy Period:** 03/31/2020 03/31/2021

Original New Business Effective Date: 03/31/2005

Reinstatement Date:

Form: RCBAP

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

These Declarations are effective

as of: 03/31/2020 at 12:01 AM

Producer Name and Mailing Address:

WHITEHAVEN INSURANCE SVCS LLC

PO BOX 378

GULF SHORES, AL 36547

Insured Name and Mailing Address: GULF VILLAGE CONDO ASSOC INC

PO BOX 2562

GULF SHORES, AL 36547-2562

NFIP Policy Number: 1961525555 Agent/Agency #: 70001-02856-000

Reference #:

Type

Phone #: (251) 967-3323

NAIC Number: 10111

Processed by:

2-4 Family

Two Floors

Not Provided

Low Rise Main House

Elev Diff:

Sub Total

Flood Service Center

**Building Description:** 

P.O. Box 8695 Kalispell MT 59904-8695

**Property Location:** 

1028 W BEACH BLVD BLDG 8 & 9 GULF SHORES, AL 36542

Primary Residence: N Premium Payor: Insured

Flood Risk/Rated Zone: AE Current Zone: AE

Community Number: 01 5005 1077 L Community Name: GULF SHORES, CITY OF

Grandfathered: Yes Post-Firm Construction Program Type: Regular

Coverage

Rates

Deduct

Elevated Building: Y

Newly Mapped into SFHA:

Elevated Without Enclosure

No Addition(s) and Extension(s) Replacement Cost: \$208,900

Premium Calculation

**Number of Units:** 

Coverage & Rating

Mortgage Info

Address Info

Property Info

Building:	229,800	.260 / .080	1,250	4	396.00	Premium Subtotal:	396.00
Contents:						Multiplier:	
Contents	,					ICC Premium:	8.00
Location:				CRS Discount:	40.00		
						Reserve Fund Assmt:	55.00
THIS IS AN E LOWEST ELEVA	LEVATED BUILDI TED FLOOR. SE	NG. COVERAGE IS LIM E PROPERTY NOT COVER				HFIAA Surcharge:	250.00
FLOOD INSURA	NCE POLICY.					Federal Policy Fee:	150.00
						Probation Surcharge:	.00
				Endorsement Amount:	.00		
Coverage Limitations May Apply. See Your Policy Form for Details.						Total Premium Paid:	819.00

Discount

First Mortgage:

Loss Payee:

**Second Mortgage:** 

Disaster Agency:



WHITEHAVEN INSURANCE SERVICES LLC 2201 OYSTER BAY LN **GULF SHORES, AL 36542-4000** 

**Agency Phone:** (251) 967-3323

**NFIP Policy Number:** RL00056228 Company Policy Number: RL00056228 WHAVEN3654 Agent:



03/31/2020 12:01 AM through 03/31/2021 12:01 AM Policy Term:

**INSURED** Renewal Billing Payor:

To report a claim https://my.nfipdirect.fema.gov

visit or call us at: (800) 767-4341

#### RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY

DELIVERY ADDRESS

GULF VILLAGE CONDO ASSOCINC PO BOX 2562 GULF SHORES, AL 36547

**INSURED NAME(S) AND MAILING ADDRESS** GULF VILLAGE CONDO ASSOCINC PO BOX 2562 GULF SHORES, AL 36547

COMPANY MAILING ADDRESS

NEIP DIRECT PO BOX 913111

DENVER, CO 80291-3111

PROPERTY LOCATION

1027 W BEACH BLVD WEST BLDG GULF SHORES, AL 36542-6203

Refer to www.fema.gov/cost-of-flood for more information about flood risk and policy rating.

RATING INFORMATION

**ORIGINAL NEW BUSINESS DATE:** 

03/31/2011

**REINSTATEMENT DATE:** BUILDING OCCUPANCY: N/A

CONDOMINIUM INDICATOR:

OTHER RESIDENTIAL RCBAP HIGH RISE

NUMBER OF UNITS: PRIMARY RESIDENCE: NO

ADDITIONS/EXTENSIONS: **BUILDING TYPE:** 

N - NO ADDITIONS/EXTENSIONS

THREE OR MORE FLOORS BASEMENT/ENCLOSURE/CRAWLSPACE TYPE: UNFINISHED ENCLOSURE WITHOUT PROPER OPENINGS

DATE OF CONSTRUCTION:

ADD'L RATE

0.046

0.120

COMMUNITY NUMBER: 015005 1077 M REGULAR PROGRAM

**DESCRIPTION: CONDOMINIUM BUILDING** 

**GULF SHORES, CITY OF** COMMUNITY NAME:

**CURRENT FLOOD ZONE:** ΑE **GRANDFATHERED:** YES FLOOD RISK/RATED ZONE: ΑE **ELEVATION DIFFERENCE:** -3

**ELEVATED BUILDING TYPE: ELEVATED** REPLACEMENT COST: \$4,571,260

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE:

**SECOND MORTGAGEE:** 

ADDITIONAL INTEREST:

**DISASTER AGENCY:** 

BUILDING

CONTENTS

LOAN NO: N/A

02/15/1980

LOAN NO: N/A

LOAN NO: N/A

CASE NO: N/A **DISASTER AGENCY:** 

PREMIUM CALCULATION -

COVERAGE DEDUCTIBLE BASIC COVERAGE BASIC RATE ADD'L COVERAGE \$4,571,300 \$1,250 \$175,000 0.820 \$4,396,300 \$0 \$0 0.380 \$0 \$0

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

**Submit for Rate** 

DED. DISCOUNT/SURCHARGE **PREMIUM** (\$13.00)\$3,444.00 \$0.00 \$0.00

ANNUAL SUBTOTAL: \$3,444.00 SRL PREMIUM: \$172.00 5% INCREASED COST OF COMPLIANCE: \$12.00 COMMUNITY RATING DISCOUNT: \$0.00 0% **RESERVE FUND ASSESSMENT: 15.0%** \$544.00 PROBATION SURCHARGE: \$0.00 ANNUAL PREMIUM: \$4,172.00 HFIAA SURCHARGE: \$250.00 FEDERAL POLICY SERVICE FEE: \$2,000.00 TOTAL: \$6,422.00

Zero Balance Due - This Is Not A Bill

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

This is a Residential Condominium Building Association Policy. If, at the time of the loss, the building is not insured within 80% of the replacement cost of the building or the maximum amount available for this building, whichever is less, a co-insurance penalty will be applied to the claims settlement.

Policy issued by NFIP DIRECT Company NAIC: 99999

File: 9263777 DocID: 71269600 Page 1 of 2

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