

NFIP Policy Number: 600000051 Company Policy Number: 600000051 Agent: DONALD HACKER

Policy Term:

10/06/2019 12:01 AM through 10/06/2020 12:01 AM INSURED

Renewal Billing Payor:

To report a claim visit or call us at: https://amcapins.managemyfloodpolicy.com (877) 254-6819

(727) 521-2100 Agency Phone:

RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

STANDARD POLICY - GENERAL PROPERTY FORM

DELIVERY ADDRESS

BEL MARE CONDO ASSOCIATION INC C/O CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR STE 260 CLEARWATER, FL 33762

INSURED NAME(S) AND MAILING ADDRESS BEL MARE CONDO ASSOCIATION INC C/O CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR STE 260 CLEARWATER, FL 33762

COMPANY MAILING ADDRESS						PROPERTY LOCATION				
AMERICAN CAPITAL ASSURANCE CORP PO BOX 913175						222 RIVIERA DUNES WAY FITNESS CENTER				
DENVER, CO 80291-3175						PALMETTO, FL 34221				
Refer to www.fema.gov/cost-of-flood for more information about flood risk and policy rating.						DESCRIPTION: FITNESS CENTER				
RATING INFO	RMATION									
ORIGINAL NEW BUSINESS DATE:		08/25/2017			DATE OF CONSTRUCTION:		TION: 01/01/2006	01/01/2006		
REINSTATEMENT DATE:			N/A		сомми	NITY NUMBE	R: 120159 0168 E REG	120159 0168 E REGULAR PROGRAM		
BUILDING OCCUPANCY:			OTHER NON-RESIDENTIAL			сомми	NITY NAME:	PALMETTO, CITY OF	PALMETTO, CITY OF	
CONDOMINIUM INDICATOR:			NOT A CONDO			CURRE	NT FLOOD ZO	NE: AE		
NUMBER OF UNITS:			N/A			GRAND	FATHERED:	NO		
PRIMARY RESIDENCE:			NO			FLOOD	RISK/RATED	ZONE: AE		
ADDITIONS/EXTENSIONS:			N - NO ADDITIONS/EXTENSIONS			ELEVATION DIFFERENCE:		NCE: 1		
BUILDING TYPE:			ONE FLOOR		ELEVATED BUILDING TYPE:		TYPE: NON-ELEVATED			
BASEMENT/E	NCLOSURE/CR/	AWLSPACE TYP	E: NO BASEMENT							
MORTGAGEE	/ ADDITIONAL I	NTEREST INFOR	MATION							
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	:	
PREMIUM	CALCULA	TION —							Standard	
	<u>COVERAGE</u>	DEDUCTIBLE	BASIC COVERAGE	BASIC RATE	ADD'L COVE	RAGE	ADD'L RATE	DED. DISCOUNT/SURCHARGE	PREMIUM	
BUILDING	\$447,500	\$5,000	\$175,000	0.820	\$272	2,500	0.310	(\$251.00)	\$2,029.00	
CONTENTS	\$52,500	\$5,000	\$52,500	0.440		\$0	0.120	(\$25.00)	\$206.00	
Coverage limitations may apply. See your policy form for details.							(ANNUAL SUBTOTAL:	\$2,235.00	
								ASED COST OF COMPLIANCE:	\$8.00	
							COMMUNITY RATING DISCOUNT: 15% (\$336.00)			
							RESERVE FUND ASSESSMENT: 15.0% \$286.00			
								PROBATION SURCHARGE:	\$0.00	
								ANNUAL PREMIUM :	\$2,193.00	
								HFIAA SURCHARGE: EDERAL POLICY SERVICE FEE:	\$250.00	
							F.	-DERAL POLICY SERVICE FEE: TOTAL:	\$50.00 \$2,493.00	
IN WITNESS WI	HEREOF, I have sig	ned this policy below a	and enter in to this Insurance	e Agreement				IOTAL.	φ2,493.00	
Rili M	due									
Philip Peter	son / Vice President	t					Zero E	Balance Due - This Is	Not A Bill	
This declara	tions page ald	ong with the St	andard Flood Insu	rance Policy I	Form constitu	ites yo	ur flood insu	irance policy.		

Policy issued by AMERICAN CAPITAL ASSURANCE CORP

Company NAIC:

File: 10704743 Page 1 of 2

DocID: 88223901

12601