



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/23/2025

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 have **ADDITIONAL INSURED** provisions or 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> Hartselle Insurance Agency / Acentria Insurance 8200 113th St N Ste 201 Seminole FL 33772	<b>CONTACT</b> NAME: Melinda Wilt PHONE (A/C, No, Ext): 727-393-5000 E-MAIL ADDRESS: COI-Seminole@acentria.com	<b>FAX</b> (A/C, No): 727-391-1204
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
INSURER A : Zenith Insurance Company		
INSURER B : American Bankers Insurance Company of Florida		25180
INSURER C : American Coastal Insurance Company		
INSURER D : CUMIS Specialty Insurance Company, Inc.		12758
INSURER E :		
INSURER F :		

**COVERAGES**

CERTIFICATE NUMBER: 341697946

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
D	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			CIUCAP102844-00	1/15/2025	1/15/2026	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 \$
D	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Employee NO			CICAP102844-00	1/15/2025	1/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Employee NonOwned Aut \$ 1,000,000
D	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			CICUUMC102844-01	1/15/2025	1/15/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Z135611707	1/15/2025	1/15/2026	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D B C	Crime Flood Property			CIUCAP102844-00 See Notes AMC-28052-11	1/15/2025 1/15/2025 1/15/2025	1/15/2026 1/15/2026 1/15/2026	Crime/Fidelity Flood Property 1,000,000 See Notes Section See Notes Section

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Total # of Units in the Association: 66

**PROPERTY**

Replacement Cost | Coinsurance 100% | Deductible: AOP \$25,000 | Hurricane Deductible 5% Per Calendar Year | Ordinance &amp; Law Included | Agreed Value/Agreed Endorsement does not apply | Insured building limit is equal to 100% of the Replacement cost appraisal value

Special Form | Equipment Breakdown Included

LOCATION: 1111 N Bayshore Blvd, Clearwater, FL 33759

BLDG | UNITS | COVERAGE LIMIT

See Attached...

**CERTIFICATE HOLDER****CANCELLATION 30**

For Info Only

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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# ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> Hartselle Insurance Agency / Acentria Insurance		<b>NAMED INSURED</b> Sunfish Bay Condominium Association, Inc. 24701 US Highway 19 N Ste 102 Clearwater FL 33763	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

A | 12 Units | \$3,509,874  
 B | 12 Units | \$2,409,441  
 C | 11 Units | \$2,489,310  
 D | 8 Units | \$1,704,618  
 E | 12 Units | \$2,730,929  
 F | 11 Units | \$2,632,294

FLOOD  
 Insurer D | 1/15/2025 - 1/15/2026  
 Zone AE | 100% Appraised Flood Value | Deductible \$1,250  
 LOCATION: 1111 N Bayshore Blvd, Clearwater, FL 33759  
 BLDG | UNITS | POLICY # | COVERAGE LIMIT  
 A | 12 Units | # 7800383197 | \$3,000,000  
 B | 12 Units | # 7800383361 | \$3,000,000  
 C | 11 Units | # 7800383395 | \$2,750,000  
 D | 8 Units | # 7800383403 | \$2,000,000  
 E | 12 Units | # 7800383429 | \$3,000,000  
 F | 11 Units | # 7800383494 | \$2,750,000



**ASSURANT®**

**American Bankers Insurance Company of Florida  
Scottsdale, AZ**

**Renewal Flood Insurance Policy Declarations**

This Declarations Page is part of your Policy.

**Policy Term: 01/15/2025 (12:01 a.m.) to 01/15/2026 (12:01 a.m.)**

NAIC: 10111

**Policy Number:** 7800409315

**First Mortgagee / Lender Name:**

**Named Insured and Mailing Address:**

SUNFISH BAY CONDO ASSOC INC  
C/O AMERITECH  
24701 US HIGHWAY 19 N STE 102  
CLEARWATER, FL 33763-4086

**Loan Number:**

**Producer Number:** 70001-01554-001

**Second Mortgagee / Lender Name:**

**Premium Payor:** INSURED

**Property Location:**

1111 N BAYSHORE BLVD BLDG A  
CLEARWATER, FL 33759

**Loan Number:**

**Other / Loss Payee:**

**For Service Please Contact:**

FOUNDATION RISK PARTNERS CORP  
DBA ACENTRIA INSURANCE  
8200 113TH ST STE 201  
SEMINOLE, FL 33772-4111  
727-393-5000

**Loan Number:**

**LOCATION AND PROPERTY INFORMATION**

Date of Construction: 12/31/1974  
Building Occupancy: Residential Condo Building  
Method Used to Determine First Floor Height: FEMA determined  
Building Description: Entire Residential Condo Building  
Property Description: SLAB ON GRADE, TWO FLOORS

Number Of Units: 12  
Primary Residence: No  
Prior NFIP Claims: 0 claim(s)  
First Floor Height: 1.00 ft  
Replacement Cost: \$ 4,940,200

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

**COVERAGE AND PREMIUM INFORMATION**

**Rate Category:** FEMA Rating Engine

Coverage Type	Coverage Limit	Deductible	Premium
Building	\$ 3,000,000	\$ 1,250	\$ 21,440.00
Contents	\$ 0	\$ 0	\$ 0.00
Increased Cost of Compliance:			\$ 75.00
Community Rating System Discount:			\$ -4,264.00
<b>Full Risk Premium Excluding Fees and Surcharges:</b>			<b>\$ 17,251.00</b>

**STATUTORY DISCOUNTS**

Annual Increase Cap Discount: \$ -10,711.00  
**Discounted Premium:** \$ 6,540.00

**FEES AND SURCHARGES**

Reserve Fund Assessment: \$ 1,177.00  
Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00  
Federal Policy Fee: \$ 564.00

**TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID** \$ 8,531.00

Coverage limitations may apply. See your NFIP RCBAP Form for details.  
Refer to [www.FloodSmart.gov/floodcosts](http://www.FloodSmart.gov/floodcosts) for more information about flood risk and policy rating.

NFIP POLICY NUMBER: 7800409315

**ASSURANT®****American Bankers Insurance Company of Florida  
Scottsdale, AZ****Renewal Flood Insurance Policy Declarations**

This Declarations Page is part of your Policy.

**Policy Term: 01/15/2025 (12:01 a.m.) to 01/15/2026 (12:01 a.m.)**

NAIC: 10111

**Policy Number:** 7800409570**First Mortgagee / Lender Name:****Named Insured and Mailing Address:**SUNFISH BAY CONDO ASSOC INC  
C/O AMERITECH  
24701 US HIGHWAY 19 N STE 102  
CLEARWATER, FL 33763-4086**Loan Number:****Producer Number:** 70001-01554-001**Second Mortgagee / Lender Name:****Premium Payor:** INSURED**Property Location:**1111 N BAYSHORE BLVD BLDG B  
CLEARWATER, FL 33759**Loan Number:****Other / Loss Payee:****For Service Please Contact:**FOUNDATION RISK PARTNERS CORP  
DBA ACENTRIA INSURANCE  
8200 113TH ST STE 201  
SEMINOLE, FL 33772-4111  
727-393-5000**Loan Number:****LOCATION AND PROPERTY INFORMATION**Date of Construction: 12/31/1974  
Building Occupancy: Residential Condo Building  
Method Used to Determine First Floor Height: FEMA determined  
Building Description: Entire Residential Condo Building  
Property Description: SLAB ON GRADE, TWO FLOORSNumber Of Units: 12  
Primary Residence: No  
Prior NFIP Claims: 0 claim(s)  
First Floor Height: 1.00 ft  
Replacement Cost: \$ 3,342,700*Your property's NFIP flood claims history can affect your premium.***COVERAGE AND PREMIUM INFORMATION****Rate Category:** FEMA Rating Engine

Coverage Type	Coverage Limit	Deductible	Premium
Building	\$ 3,000,000	\$ 1,250	\$ 17,558.00
Contents	\$ 0	\$ 0	\$ 0.00
Increased Cost of Compliance:			\$ 75.00
Community Rating System Discount:			\$ -3,488.00
<b>Full Risk Premium Excluding Fees and Surcharges:</b>			<b>\$ 14,145.00</b>

**STATUTORY DISCOUNTS**Annual Increase Cap Discount: \$ -7,605.00  
**Discounted Premium:** \$ 6,540.00**FEES AND SURCHARGES**Reserve Fund Assessment: \$ 1,177.00  
Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00  
Federal Policy Fee: \$ 564.00**TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID** \$ 8,531.00Coverage limitations may apply. See your NFIP RCBAP Form for details.  
Refer to [www.FloodSmart.gov/floodcosts](http://www.FloodSmart.gov/floodcosts) for more information about flood risk and policy rating.

NFIP POLICY NUMBER: 7800409570



**ASSURANT®**

**American Bankers Insurance Company of Florida  
Scottsdale, AZ**

**Renewal Flood Insurance Policy Declarations**

This Declarations Page is part of your Policy.

**Policy Term: 01/15/2025 (12:01 a.m.) to 01/15/2026 (12:01 a.m.)**

NAIC: 10111

**Policy Number:** 7800409596

**First Mortgagee / Lender Name:**

**Named Insured and Mailing Address:**

SUNFISH BAY CONDO ASSOC INC  
C/O AMERITECH  
24701 US HIGHWAY 19 N STE 102  
CLEARWATER, FL 33763-4086

**Loan Number:**

**Producer Number:** 70001-01554-001

**Second Mortgagee / Lender Name:**

**Premium Payor:** INSURED

**Property Location:**

1111 N BAYSHORE BLVD BLDG C  
CLEARWATER, FL 33759

**Loan Number:**

**Other / Loss Payee:**

**For Service Please Contact:**

FOUNDATION RISK PARTNERS CORP  
DBA ACENTRIA INSURANCE  
8200 113TH ST STE 201  
SEMINOLE, FL 33772-4111  
727-393-5000

**Loan Number:**

**LOCATION AND PROPERTY INFORMATION**

Date of Construction: 12/31/1974  
Building Occupancy: Residential Condo Building  
Method Used to Determine First Floor Height: Elevation Certificate  
Building Description: Entire Residential Condo Building  
Property Description: SLAB ON GRADE, TWO FLOORS

Number Of Units: 11  
Primary Residence: No  
Prior NFIP Claims: 0 claim(s)  
First Floor Height: 1.10 ft  
Replacement Cost: \$ 3,391,400

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

**COVERAGE AND PREMIUM INFORMATION**

**Rate Category:** FEMA Rating Engine

Coverage Type	Coverage Limit	Deductible	Premium
Building	\$ 2,750,000	\$ 1,250	\$ 16,611.00
Contents	\$ 0	\$ 0	\$ 0.00
Increased Cost of Compliance:			\$ 75.00
Community Rating System Discount:			\$ -3,299.00
<b>Full Risk Premium Excluding Fees and Surcharges:</b>			<b>\$ 13,387.00</b>

**STATUTORY DISCOUNTS**

Annual Increase Cap Discount: \$ -8,515.00  
**Discounted Premium:** \$ 4,872.00

**FEES AND SURCHARGES**

Reserve Fund Assessment: \$ 877.00  
Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00  
Federal Policy Fee: \$ 517.00

**TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID** \$ 6,516.00

Coverage limitations may apply. See your NFIP RCBAP Form for details.  
Refer to [www.FloodSmart.gov/floodcosts](http://www.FloodSmart.gov/floodcosts) for more information about flood risk and policy rating.

NFIP POLICY NUMBER: 7800409596



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Scottsdale, AZ**

**Renewal Flood Insurance Policy Declarations**

This Declarations Page is part of your Policy.

**Policy Term: 01/15/2025 (12:01 a.m.) to 01/15/2026 (12:01 a.m.)**

NAIC: 10111

**Policy Number:** 7800409646

**First Mortgagee / Lender Name:**

**Named Insured and Mailing Address:**

SUNFISH BAY CONDO ASSOC INC  
C/O AMERITECH  
24701 US HIGHWAY 19 N STE 102  
CLEARWATER, FL 33763-4086

**Loan Number:**

**Producer Number:** 70001-01554-001

**Second Mortgagee / Lender Name:**

**Premium Payor:** INSURED

**Property Location:**

1111 N BAYSHORE BLVD BLDG D  
CLEARWATER, FL 33759

**Loan Number:**

**Other / Loss Payee:**

**For Service Please Contact:**

FOUNDATION RISK PARTNERS CORP  
DBA ACENTRIA INSURANCE  
8200 113TH ST STE 201  
SEMINOLE, FL 33772-4111  
727-393-5000

**Loan Number:**

**LOCATION AND PROPERTY INFORMATION**

Date of Construction: 12/31/1974  
Building Occupancy: Residential Condo Building  
Method Used to Determine First Floor Height: FEMA determined  
Building Description: Entire Residential Condo Building  
Property Description: SLAB ON GRADE, TWO FLOORS

Number Of Units: 8  
Primary Residence: No  
Prior NFIP Claims: 0 claim(s)  
First Floor Height: 1.00 ft  
Replacement Cost: \$ 2,381,000

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

**COVERAGE AND PREMIUM INFORMATION**

**Rate Category:** FEMA Rating Engine

Coverage Type	Coverage Limit	Deductible	Premium
Building	\$ 2,000,000	\$ 1,250	\$ 13,374.00
Contents	\$ 0	\$ 0	\$ 0.00
Increased Cost of Compliance:			\$ 75.00
Community Rating System Discount:			\$ -2,651.00
<b>Full Risk Premium Excluding Fees and Surcharges:</b>			<b>\$ 10,798.00</b>

**STATUTORY DISCOUNTS**

Annual Increase Cap Discount: \$ -4,175.00  
**Discounted Premium:** \$ 6,623.00

**FEES AND SURCHARGES**

Reserve Fund Assessment: \$ 1,192.00  
Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00  
Federal Policy Fee: \$ 376.00

**TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID** \$ 8,441.00

Coverage limitations may apply. See your NFIP RCBAP Form for details.  
Refer to [www.FloodSmart.gov/floodcosts](http://www.FloodSmart.gov/floodcosts) for more information about flood risk and policy rating.

NFIP POLICY NUMBER: 7800409646



**ASSURANT®**

**American Bankers Insurance Company of Florida  
Scottsdale, AZ**

**Renewal Flood Insurance Policy Declarations**

This Declarations Page is part of your Policy.

**Policy Term: 01/15/2025 (12:01 a.m.) to 01/15/2026 (12:01 a.m.)**

NAIC: 10111

**Policy Number:** 7800409661

**First Mortgagee / Lender Name:**

**Named Insured and Mailing Address:**

SUNFISH BAY CONDO ASSOC INC  
C/O AMERITECH  
24701 US HIGHWAY 19 N STE 102  
CLEARWATER, FL 33763-4086

**Loan Number:**

**Producer Number:** 70001-01554-001

**Second Mortgagee / Lender Name:**

**Premium Payor:** INSURED

**Property Location:**

1111 N BAYSHORE BLVD BLDG E  
CLEARWATER, FL 33759

**Loan Number:**

**Other / Loss Payee:**

**For Service Please Contact:**

FOUNDATION RISK PARTNERS CORP  
DBA ACENTRIA INSURANCE  
8200 113TH ST STE 201  
SEMINOLE, FL 33772-4111  
727-393-5000

**Loan Number:**

**LOCATION AND PROPERTY INFORMATION**

Date of Construction: 12/31/1974  
Building Occupancy: Residential Condo Building  
Method Used to Determine First Floor Height: Elevation Certificate  
Building Description: Entire Residential Condo Building  
Property Description: SLAB ON GRADE, TWO FLOORS

Number Of Units: 12  
Primary Residence: No  
Prior NFIP Claims: 0 claim(s)  
First Floor Height: 1.10 ft  
Replacement Cost: \$ 3,852,200

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

**COVERAGE AND PREMIUM INFORMATION**

**Rate Category:** FEMA Rating Engine

Coverage Type	Coverage Limit	Deductible	Premium
Building	\$ 3,000,000	\$ 1,250	\$ 10,945.00
Contents	\$ 0	\$ 0	\$ 0.00
Increased Cost of Compliance:			\$ 75.00
Community Rating System Discount:			\$ -2,165.00
<b>Full Risk Premium Excluding Fees and Surcharges:</b>			<b>\$ 8,855.00</b>

**STATUTORY DISCOUNTS**

Annual Increase Cap Discount: \$ -3,917.00  
**Discounted Premium:** \$ 4,938.00

**FEES AND SURCHARGES**

Reserve Fund Assessment: \$ 889.00  
Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00  
Federal Policy Fee: \$ 564.00

**TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID** \$ 6,641.00

Coverage limitations may apply. See your NFIP RCBAP Form for details.  
Refer to [www.FloodSmart.gov/floodcosts](http://www.FloodSmart.gov/floodcosts) for more information about flood risk and policy rating.

NFIP POLICY NUMBER: 7800409661





**ASSURANT®**

**American Bankers Insurance Company of Florida  
Scottsdale, AZ**

**Renewal Flood Insurance Policy Declarations**

This Declarations Page is part of your Policy.

**Policy Term: 01/15/2025 (12:01 a.m.) to 01/15/2026 (12:01 a.m.)**

NAIC: 10111

**Policy Number:** 7800409638

**First Mortgagee / Lender Name:**

**Named Insured and Mailing Address:**

SUNFISH BAY CONDO ASSOC INC  
C/O AMERITECH  
24701 US HIGHWAY 19 N STE 102  
CLEARWATER, FL 33763-4086

**Loan Number:**

**Producer Number:** 70001-01554-001

**Second Mortgagee / Lender Name:**

**Premium Payor:** INSURED

**Property Location:**

1111 N BAYSHORE BLVD BLDG F  
CLEARWATER, FL 33759

**Loan Number:**

**Other / Loss Payee:**

**For Service Please Contact:**

FOUNDATION RISK PARTNERS CORP  
DBA ACENTRIA INSURANCE  
8200 113TH ST STE 201  
SEMINOLE, FL 33772-4111  
727-393-5000

**Loan Number:**

**LOCATION AND PROPERTY INFORMATION**

Date of Construction: 12/31/1974  
Building Occupancy: Residential Condo Building  
Method Used to Determine First Floor Height: FEMA determined  
Building Description: Entire Residential Condo Building  
Property Description: SLAB ON GRADE, TWO FLOORS

Number Of Units: 11  
Primary Residence: No  
Prior NFIP Claims: 0 claim(s)  
First Floor Height: 1.00 ft  
Replacement Cost: \$ 3,610,400

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

**COVERAGE AND PREMIUM INFORMATION**

**Rate Category:** FEMA Rating Engine

Coverage Type	Coverage Limit	Deductible	Premium
Building	\$ 2,750,000	\$ 1,250	\$ 17,834.00
Contents	\$ 0	\$ 0	\$ 0.00
Increased Cost of Compliance:			\$ 75.00
Community Rating System Discount:			\$ -3,543.00
<b>Full Risk Premium Excluding Fees and Surcharges:</b>			<b>\$ 14,366.00</b>

**STATUTORY DISCOUNTS**

Annual Increase Cap Discount: \$ -5,263.00  
**Discounted Premium:** \$ 9,103.00

**FEES AND SURCHARGES**

Reserve Fund Assessment: \$ 1,639.00  
Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00  
Federal Policy Fee: \$ 517.00

**TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID** \$ 11,509.00

Coverage limitations may apply. See your NFIP RCBAP Form for details.  
Refer to [www.FloodSmart.gov/floodcosts](http://www.FloodSmart.gov/floodcosts) for more information about flood risk and policy rating.

NFIP POLICY NUMBER: 7800409638