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FLOOD POLICY DECLARATIONS

INSURED COPY
NO. 1011198828

04/11/2008

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA
SCOTTSDALE AZ 85261-4337

RESIDENTIAL CONDO BLDG ASSN POLICY
RENEWAL

ISSUE DATE 4/11/2008

NAMED INSURED AND MAILING ADDRESS

BEACH COLONY EAST HOA
P O BOX34200
PENSACOLA FL 32507

AGENT'S NAME AND ADDRESS

EDDIE ZARAH
PO BOX 17105
PENSACOLA FL 32522

POLICY TERM: 1 YEAR(S) INCEPTION: 4/29/2008 EXPIRATION: 4/29/2009

THESE DECLARATIONS ARE EFFECTIVE 4/29/2008 12:01 A.M. LOCAL TIME AT THE DESCRIBED LOCATION
COVERED BY THIS POLICY LOCATED AT THE ABOVE MAILING ADDRESS, UNLESS OTHERWISE STATED BELOW.

13597 PERDIDO KEY DRIVE
PENSACOLA FL 32507

RATING INFORMATION

| | | | |
|-------------------------|--|-----------------------|------------------|
| CONSTRUCTION DATE: | 01/01/2003 | COMMUNITY NAME: | ESCAMBIA COUNTY* |
| BUILDING DESCRIPTION: | OTHER RESIDENTIAL | COMMUNITY NO.: | 1200800516F |
| NO. OF FLOORS: | THREE OR MORE | PROGRAM STATUS: | REGULAR |
| BASEMENT/ENCLOSURE: | NONE | CONDO TYPE: | RCBAP |
| REPLACEMENT COST: | 20,000,000 | RISK ZONE: | AE |
| CONTENTS LOCATION: | LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER | NO. OF UNITS: | 068 |
| | | ELEVATED BUILDING: | NO |
| LOWEST FLOOR ELEVATION: | 15.3 | BASE FLOOD ELEVATION: | 11.0 |
| | | RATING ELEVATION: | 4 |

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|---------------------|----------|--------------|--------------------|----------|-------|
| LIMITS OF LIABILITY | BUILDING | \$17,000,000 | DEDUCTIBLE AMOUNTS | BUILDING | \$500 |
| | CONTENTS | \$52,500 | | CONTENTS | \$500 |

RATES AND AMOUNT OF INSURANCE IN FORCE FOR BUILDING AND CONTENTS

| TYPE OF COVERAGE | BASIC | | | ADDITIONAL | | | DEDUCTIBLE BUYBACK/DISC. | TOTAL PREMIUM |
|------------------|--------------|-------|---------|--------------|-------|---------|--------------------------|---------------|
| | AMT. OF INS. | RATE | PREMIUM | AMT. OF INS. | RATE | PREMIUM | | |
| BUILDING | 150,000 x | .33 = | \$495 | 16,850,000 x | .03 = | \$5,055 | \$.00 | \$5,550.00 |
| CONTENTS | 20,000 x | .38 = | \$76 | 32,500 x | .12 = | \$39 | \$.00 | \$115.00 |

| | |
|--------------------|------------|
| PREMIUM SUBTOTAL | 5,665.00 |
| COVERAGE D (ICC) | 6.00 |
| CRS DISCOUNT | -851.00 |
| FEDERAL POLICY FEE | 630.00 |
| TOTAL PAID PREMIUM | \$5,450.00 |

ENDORSEMENTS:
ABIC:AB4

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|-----------------------|--------------|-----------------------------------|------------------|------------------|
| AGENCY NO. 7061656 | PRODUCER NO. | AGENT PHONE NO. (850) 438-9169 | PAYOR INSURED | COUNTERSIGNATURE |
|-----------------------|--------------|-----------------------------------|------------------|------------------|