| (WWW | | NFIP Polic | - | 8704128703 | | |
|---|---|---|--------------------------------------|---|--|--------------------------------|
| SET IN | | Company | Policy Number: | 8704128703202 | | |
| | | Agent: | | BROWN & BROWN INS | S SERVICES INC | |
| | ROWN INS SERVICES INC | | | | | |
| PO BOX 745870 | | Payor: | | INSURED | | |
| ATLANTA, GA 30374 | | Policy Terr | n: | 02/04/2024 12:01 AM - 02/04/2025 12:01 AM | | |
| | | Policy Forr | olicy Form: RCBAP | | | |
| Agency Pho | Agency Phone: (239) 278-0278 To report visit or c | | | | | |
| | REVISED FLOOD | | | · / | | |
| | | TINSURANCE PU | | LARAIIC | S III | |
| DELIVERY ADDRESS | | | | S) AND MAILING A | ADDRESS | |
| | | | BIMINI AT TARPON COVE CONDO ASSN INC | | | |
| BIMINI AT TARPON COVE CONDO ASSN INC | | ASSN INC | C/O KPG ACCOUNTING SERVICES | | | |
| C/O KPG ACCOUNTING SERVICES | | 9 | 3400 TAMIAMI TRL N STE 302 | | | |
| | | | NAPLES, FL 34103-3717 | | | |
| 3400 TAMIAMI TRL N STE 302 | | | | | | |
| NAPLES, | FL 34103-3717 | | | | | |
| | | | | | | |
| | | | | | | |
| COMPANY MAILING ADDRESS | | | INSURED PROPERTY LOCATION | | | |
| Hartford Insurance Compar | ny of the Midwest | | 873 CARRICK BEND CIR | | | |
| PO BOX 913385 | | | NAPLES, FL 341104601 | | | |
| DENVER, CO 80291-3385 | | | | | | |
| | | | | | | |
| | | | BUILDING DESCI | | ENTIRE RESIDENTIAL CONDOMIN | IUM BUILDING |
| | | | BUILDING DESCI | RIPTION DETAIL: | N/A | |
| RATING INFORMATION | | DING | | 0007.141.115 | * 4 000 000 00 | |
| BUILDING OCCUPANCY: NUMBER OF UNITS: | RESIDENTIAL CONDOMINIUM BUIL 4 UNITS | DING | REPLACEMENT | | \$1,639,292.00 | |
| PRIMARY RESIDENCE: | NO | | DATE OF CONST | RUCTION: | 08/01/1997 | |
| PROPERTY DESCRIPTION: | SLAB ON GRADE (NON-ELEVATED | 2 ELOOR(S) | CURRENT FLOO | D ZONE: | Х | |
| THOI EIGHT DECONT HON. | | , 21 2001(0) | FIRST FLOOR HE | EIGHT (FEET): | 0.9 | |
| PRIOR NFIP CLAIMS: | 0 CLAIM(S) | | FIRST FLOOR HE | EIGHT METHOD: | ELEVATION CERTIFICATE | |
| MORTGAGEE / ADDITIONAL | INTEREST INFORMATION | | | | | |
| FIRST MORTGAGEE: | | | | L | LOAN NO: N/A | |
| | | | | | | |
| SECOND MORTGAGEE: | | | | L | LOAN NO: N/A | |
| ADDITIONAL INTEREST: | | | | | L oan NO : N/A | |
| | | | | - | | |
| DISASTER AGENCY: | | | | C | CASE NO: N/A | |
| | | | | [| DISASTER AGENCY: N/A | |
| RATE CATEGORY — RATIN | IG ENGINE | | | | | |
| | GE DEDUCTIBLE | | | COMPONEN | FS OF TOTAL AMO | UNT DUE |
| BUILDING: \$1,000,0 | , , | | | | BUILDING PREMIUM: | \$6,624.00 |
| | I/A N/A (APPLY. SEE YOUR POLICY FORM FO | | | (| CONTENTS PREMIUM: | \$0.00 |
| Please review this declaration pag | e for accuracy. If any changes are needed, | contact your agent. | INCREASED (| COST OF COMPLIA | ANCE (ICC) PREMIUM: | \$75.00 |
| Notes: The "FULL RISK PREMIUN change in the rating elements. You | I" is for this policy term only. It is subject ar property's NFIP flood claims history can | to change annually if there is any affect your premium, for questions | | | ITIGATION DISCOUNT: | (\$0.00) |
| please contact your agency. "MITI | GATION DISCOUNTS" may apply if there a d appropriately. To learn more about your f | re approved flood vents and/or the | CON | | SYSTEM REDUCTION: | (\$1,626.00) |
| FloodSmart.gov/floodcosts. | a appropriately. To learn more about your i | ioou risk, please visit | | | FULL RISK PREMIUM: EASE CAP DISCOUNT: | \$5,073.00 (\$2,450.00) |
| ENDORSEMENT EFFECTIVE D | | | | | TUTORY DISCOUNTS: | (\$2,430.00) (\$0.00) |
| ENDORSEMENT PREMIUM: CHANGES APPLIED TO: | \$1.00 | | | | SCOUNTED PREMIUM: | \$2,623.00 |
| RATING ELEMENTS | | | | | FUND ASSESSMENT: | \$472.00 |
| | | | | | HFIAA SURCHARGE: | \$250.00 |
| | | | | F | EDERAL POLICY FEE: | \$188.00 |
| | | | | | BATION SURCHARGE: | \$0.00 |
| In witness whereof we as officers of | the stack Company declared on the Declarations | Page, have caused this policy to be every | tod and | | L ANNUAL PREMIUM: EMIUM ADJUSTMENT: | \$3,533.00 \$0.00 |
| attested. If required by state law, this | the stock Company declared on the Declarations policy shall not be valid unless countersigned by | our authorized representative. | | | D ANNUAL PREMIUM: | \$3,533.00 |
| heunde Thompson | Terme | Shields | | | | |
| Melinda Thompson, SVP, Head of Per | rsonal Lines Terend | e Shields, Secretary | | | | |
| This declarations have along with | the Standard Flood Insurance Bollow Form | constitutes your flood incurance | licy | Zero Ralano | e Due - Thie le No | t A Rill |
| This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy. Zero Balance Due - This Is Not A Bill | | | | | | |
| Policy issued by: Hartford Insurance Company of the Midwest Insurer NAIC Number: 37478 | | | | | | |
| | File: 29915965 F | Page 1 of 1 | | | DocID: 24491 | 5522 |