



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/14/2026

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><br>Acentria Insurance<br>8400 NW 36th Street #410<br>Doral FL 33166                        | <b>CONTACT NAME:</b> Melissa Santelices<br><b>PHONE (A/C, No, Ext):</b> 305-262-5244<br><b>E-MAIL ADDRESS:</b> coimiami@acentria.com<br><b>FAX (A/C, No):</b> 305-444-8796                                                                                                                                                                        |
| <b>INSURED</b><br>Palm Cove Condominium Assoc<br>Miami Management<br>14275 SW 142 Avenue<br>Miami FL 33186 | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Zenith Insurance Company<br><b>INSURER B:</b> Universal Fire & Casualty Insurance Company<br><b>INSURER C:</b> Superior Specialty Insurance Company<br><b>INSURER D:</b> Spinnaker Specialty Insurance Company<br><b>INSURER E:</b> Great Divide Insurance Company<br><b>INSURER F:</b> |

License#: L100460  
PALMCOV-02**COVERAGES****CERTIFICATE NUMBER:** 1044338525**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                                                                                                                                                                                                                                        |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------------------------------|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | 01-CGL-107715-03                  | 4/4/2026                | 4/4/2027                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                      |           |          |                                   |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                         |
| D        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 0                                                                              |           |          | PPP7444099                        | 4/4/2026                | 4/4/2027                | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000<br>\$                                                                                                                                                                                  |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                          | Y/N<br>N  | N/A      | Z136608707                        | 4/4/2026                | 4/4/2027                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 500,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000                                           |
| C<br>E   | Crime/Fidelity Directors & Officers                                                                                                                                                                                                                                                                                    |           |          | TLUCAP502249-01<br>CM000003976-03 | 4/4/2026<br>4/4/2026    | 4/4/2027<br>4/4/2027    | Blanket Limit 400,000<br>Aggregate -\$1,000,000 Deductible -\$2,500                                                                                                                                                                           |

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

- WALLS OUT COVERAGE ONLY - 96 UNITS

Building 1: 10755 SW 108th Avenue, Miami, FL 33176 - 24 units  
Building 2: 10765 SW 108th Avenue, Miami, FL 33176 - 24 units  
Building 3: 10785 SW 108th Avenue, Miami, FL 33176 - 24 units  
Building 4: 10795 SW 108th Avenue, Miami, FL 33176 - 24 units  
Building 5: 10775 SW 108th Avenue, Miami, FL 33176 (Clubhouse)

See Attached...

**CERTIFICATE HOLDER****CANCELLATION** 10 Days for Non-Payment

Proof of Insurance Purpose Only  
Proof of Insurance Purpose Only  
Proof of Insurance Purpose Only  
Proof of Insurance Purpose 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

© 1988-2015 ACORD CORPORATION. All rights reserved.

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

|                              |           |                                                                                                           |  |
|------------------------------|-----------|-----------------------------------------------------------------------------------------------------------|--|
| AGENCY<br>Acentria Insurance |           | NAMED INSURED<br>Palm Cove Condominium Assoc<br>Miami Management<br>14275 SW 142 Avenue<br>Miami FL 33186 |  |
| POLICY NUMBER                |           | EFFECTIVE DATE:                                                                                           |  |
| CARRIER                      | NAIC CODE |                                                                                                           |  |

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

General Liability - Deductible: \$500 Per Occurrence  
Hired & Non-Owned Auto Liability - \$1,000,000  
Management company is listed as additional insured

Crime-Fidelity Liability deductible \$2,000  
Management company is listed as additional insured



**ASSURANT®**

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

**Renewal Flood Insurance Policy Declarations**

This Declarations Page is part of your Policy.

**Policy Term: 12/28/2025 (12:01 a.m.) to 12/28/2026 (12:01 a.m.)**

NAIC: 10111

**Policy Number:** 6900235961

**First Mortgagee / Lender Name:**

**Named Insured and Mailing Address:**

PALM COVE CONDOMINIUM ASSOC  
14275 SW 142ND AVE  
MIAMI, FL 33186-6715

**Loan Number:**

**Producer Number:** 70016-00952-000

**Second Mortgagee / Lender Name:**

**Premium Payor:** INSURED

**Property Location:**

10755 SW 108TH AVE  
MIAMI, FL 33176-8196

**Loan Number:**

**Other / Loss Payee:**

**For Service Please Contact:**

FOUNDATION RISK PARTNERS, CORP  
3750 NW 87TH AVE STE 700  
DORAL, FL 33178-2434  
305-446-5474

**Loan Number:**

**LOCATION AND PROPERTY INFORMATION**

Date of Construction: 01/01/1986  
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, THREE OR MORE FLOORS

Number Of Units: 24  
Primary Residence: No  
Prior NFIP Claims: 0 claim(s)  
First Floor Height: 1.00 ft  
Replacement Cost: \$ 3,212,000

*Your property's NFIP flood claims history can affect your premium. Prior Claims counted are from April 1, 2023 and after.*

**COVERAGE AND PREMIUM INFORMATION**

**Rate Category:** FEMA Rating Engine

| Coverage Type                                           | Coverage Limit | Deductible | Premium      |
|---------------------------------------------------------|----------------|------------|--------------|
| Building                                                | \$ 3,212,000   | \$ 1,250   | \$ 6,558.00  |
| Contents                                                | \$ 0           | \$ 0       | \$ 0.00      |
| Increased Cost of Compliance:                           |                |            | \$ 75.00     |
| Community Rating System Discount:                       |                |            | \$ -2,254.00 |
| <b>Full Risk Premium Excluding Fees and Surcharges:</b> |                |            | \$ 4,379.00  |

**STATUTORY DISCOUNTS**

\$ 0.00  
**Discounted Premium:** \$ 4,379.00

**FEES AND SURCHARGES**

Reserve Fund Assessment: \$ 788.00  
Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00  
Federal Policy Fee: \$ 1,020.00

**TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID** \$ 6,437.00

Coverage limitations may apply. See your NFIP RCBAP Form for details.

To prevent delays in claim handling, it is important to make sure that your policy information is up to date and accurate. Contact your insurance agent or company to make changes to your policy or visit [floodsmart.gov/flood](https://floodsmart.gov/flood) to learn more about flood insurance.

NFIP POLICY NUMBER: AB00235961



**ASSURANT®**

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

**Renewal Flood Insurance Policy Declarations**

This Declarations Page is part of your Policy.

**Policy Term: 12/28/2025 (12:01 a.m.) to 12/28/2026 (12:01 a.m.)**

NAIC: 10111

**Policy Number:** 6900235965

**First Mortgagee / Lender Name:**

**Named Insured and Mailing Address:**

PALM COVE CONDOMINIUM ASSOC  
14275 SW 142ND AVE  
MIAMI, FL 33186-6715

**Loan Number:**

**Producer Number:** 70016-00952-000

**Second Mortgagee / Lender Name:**

**Premium Payor:** INSURED

**Property Location:**

10765 SW 108TH AVE  
MIAMI, FL 33176-8197

**Loan Number:**

**Other / Loss Payee:**

**For Service Please Contact:**

FOUNDATION RISK PARTNERS, CORP  
3750 NW 87TH AVE STE 700  
DORAL, FL 33178-2434  
305-446-5474

**Loan Number:**

**LOCATION AND PROPERTY INFORMATION**

Date of Construction: 01/01/1986  
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, THREE OR MORE FLOORS

Number Of Units: 24  
Primary Residence: No  
Prior NFIP Claims: 0 claim(s)  
First Floor Height: 1.00 ft  
Replacement Cost: \$ 3,101,100

*Your property's NFIP flood claims history can affect your premium. Prior Claims counted are from April 1, 2023 and after.*

**COVERAGE AND PREMIUM INFORMATION**

**Rate Category:** FEMA Rating Engine

| Coverage Type                                           | Coverage Limit | Deductible | Premium      |
|---------------------------------------------------------|----------------|------------|--------------|
| Building                                                | \$ 3,101,000   | \$ 1,250   | \$ 6,342.00  |
| Contents                                                | \$ 0           | \$ 0       | \$ 0.00      |
| Increased Cost of Compliance:                           |                |            | \$ 75.00     |
| Community Rating System Discount:                       |                |            | \$ -2,178.00 |
| <b>Full Risk Premium Excluding Fees and Surcharges:</b> |                |            | \$ 4,239.00  |

**STATUTORY DISCOUNTS**

\$ 0.00  
**Discounted Premium:** \$ 4,239.00

**FEES AND SURCHARGES**

Reserve Fund Assessment: \$ 763.00  
Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00  
Federal Policy Fee: \$ 1,020.00

**TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID** \$ 6,272.00

Coverage limitations may apply. See your NFIP RCBAP Form for details.

To prevent delays in claim handling, it is important to make sure that your policy information is up to date and accurate. Contact your insurance agent or company to make changes to your policy or visit [floodsmart.gov/flood](https://floodsmart.gov/flood) to learn more about flood insurance.

NFIP POLICY NUMBER: AB00235965



**ASSURANT®**

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

**Renewal Flood Insurance Policy Declarations**

This Declarations Page is part of your Policy.

**Policy Term: 12/28/2025 (12:01 a.m.) to 12/28/2026 (12:01 a.m.)**

NAIC: 10111

**Policy Number:** 6900235960

**First Mortgagee / Lender Name:**

**Named Insured and Mailing Address:**

PALM COVE CONDOMINIUM ASSOC  
14275 SW 142ND AVE  
MIAMI, FL 33186-6715

**Loan Number:**

**Producer Number:** 70016-00952-000

**Second Mortgagee / Lender Name:**

**Premium Payor:** INSURED

**Property Location:**

10785 SW 108TH AVE  
MIAMI, FL 33176-8198

**Loan Number:**

**Other / Loss Payee:**

**For Service Please Contact:**

FOUNDATION RISK PARTNERS, CORP  
3750 NW 87TH AVE STE 700  
DORAL, FL 33178-2434  
305-446-5474

**Loan Number:**

**LOCATION AND PROPERTY INFORMATION**

Date of Construction: 01/01/1986  
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, THREE OR MORE FLOORS

Number Of Units: 24  
Primary Residence: No  
Prior NFIP Claims: 0 claim(s)  
First Floor Height: 1.00 ft  
Replacement Cost: \$ 3,212,000

*Your property's NFIP flood claims history can affect your premium. Prior Claims counted are from April 1, 2023 and after.*

**COVERAGE AND PREMIUM INFORMATION**

**Rate Category:** FEMA Rating Engine

| Coverage Type                                           | Coverage Limit | Deductible | Premium            |
|---------------------------------------------------------|----------------|------------|--------------------|
| Building                                                | \$ 3,212,000   | \$ 1,250   | \$ 6,520.00        |
| Contents                                                | \$ 0           | \$ 0       | \$ 0.00            |
| Increased Cost of Compliance:                           |                |            | \$ 75.00           |
| Community Rating System Discount:                       |                |            | \$ -2,241.00       |
| <b>Full Risk Premium Excluding Fees and Surcharges:</b> |                |            | <b>\$ 4,354.00</b> |

**STATUTORY DISCOUNTS**

**Discounted Premium:** \$ 0.00  
**\$ 4,354.00**

**FEES AND SURCHARGES**

Reserve Fund Assessment: \$ 784.00  
Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00  
Federal Policy Fee: \$ 1,020.00

**TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID** \$ 6,408.00

Coverage limitations may apply. See your NFIP RCBAP Form for details.

To prevent delays in claim handling, it is important to make sure that your policy information is up to date and accurate. Contact your insurance agent or company to make changes to your policy or visit [floodsmart.gov/flood](https://floodsmart.gov/flood) to learn more about flood insurance.

NFIP POLICY NUMBER: AB00235960

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

This Declarations Page is part of your Policy.

**Policy Term: 12/28/2025 (12:01 a.m.) to 12/28/2026 (12:01 a.m.)**

NAIC: 10111

**Policy Number:** 6900235964**First Mortgagee / Lender Name:****Named Insured and Mailing Address:**PALM COVE CONDOMINIUM ASSOC  
14275 SW 142ND AVE  
MIAMI, FL 33186-6715**Loan Number:****Producer Number:** 70016-00952-000**Second Mortgagee / Lender Name:****Premium Payor:** INSURED**Property Location:**10795 SW 108TH AVE  
MIAMI, FL 33176-8623**Loan Number:****Other / Loss Payee:****For Service Please Contact:**FOUNDATION RISK PARTNERS, CORP  
3750 NW 87TH AVE STE 700  
DORAL, FL 33178-2434  
305-446-5474**Loan Number:****LOCATION AND PROPERTY INFORMATION**Date of Construction: 01/01/1986  
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, THREE OR MORE FLOORSNumber Of Units: 24  
Primary Residence: No  
Prior NFIP Claims: 0 claim(s)  
First Floor Height: 1.00 ft  
Replacement Cost: \$ 3,212,000*Your property's NFIP flood claims history can affect your premium. Prior Claims counted are from April 1, 2023 and after.***COVERAGE AND PREMIUM INFORMATION****Rate Category:** FEMA Rating Engine

| Coverage Type                                           | Coverage Limit | Deductible | Premium            |
|---------------------------------------------------------|----------------|------------|--------------------|
| Building                                                | \$ 3,212,000   | \$ 1,250   | \$ 6,653.00        |
| Contents                                                | \$ 0           | \$ 0       | \$ 0.00            |
| Increased Cost of Compliance:                           |                |            | \$ 75.00           |
| Community Rating System Discount:                       |                |            | \$ -2,287.00       |
| <b>Full Risk Premium Excluding Fees and Surcharges:</b> |                |            | <b>\$ 4,441.00</b> |

**STATUTORY DISCOUNTS**

|                            |                    |
|----------------------------|--------------------|
|                            | \$ 0.00            |
| <b>Discounted Premium:</b> | <b>\$ 4,441.00</b> |

**FEES AND SURCHARGES**

|                                                                        |             |
|------------------------------------------------------------------------|-------------|
| Reserve Fund Assessment:                                               | \$ 799.00   |
| Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: | \$ 250.00   |
| Federal Policy Fee:                                                    | \$ 1,020.00 |

|                                                           |                    |
|-----------------------------------------------------------|--------------------|
| <b>TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID</b> | <b>\$ 6,510.00</b> |
|-----------------------------------------------------------|--------------------|

Coverage limitations may apply. See your NFIP RCBAP Form for details.

To prevent delays in claim handling, it is important to make sure that your policy information is up to date and accurate. Contact your insurance agent or company to make changes to your policy or visit [floodsmart.gov/flood](https://floodsmart.gov/flood) to learn more about flood insurance.

NFIP POLICY NUMBER: AB00235964

ACENTRIA INSURANCE  
3750 NW 87TH AVENUE, SUITE 700  
MIAMI, FL 33178

Agency Phone: (305) 442-9507

NFIP Policy Number: 0003345720  
Company Policy Number: 0003345720  
Agent: ACENTRIA INSURANCE

Payor: INSURED  
Policy Term: 01/18/2026 12:01 AM - 01/18/2027 12:01 AM  
Policy Form: GENERAL PROPERTY

To report a claim  
visit or call us at: <https://Nationalgeneral.manageflood.com>  
(888) 598-0296

## RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

### DELIVERY ADDRESS

PALM COVE CONDOMINIUM ASSOCIATION INC.  
14275 SW 142 AVENUE  
MIJAMI, FL 33186

### INSURED NAME(S) AND MAILING ADDRESS

PALM COVE CONDOMINIUM ASSOCIATION INC.  
14275 SW 142 AVENUE  
MIJAMI, FL 33186

### COMPANY MAILING ADDRESS

IMPERIAL FIRE & CASUALTY INSURANCE COMPANY  
PO BOX 209559  
DALLAS, TX 75320-9559

### INSURED PROPERTY LOCATION

10775 SW 108 AVE  
POOL BUILDING  
MIAMI, FL 33176

### RATING INFORMATION

BUILDING OCCUPANCY: NON-RESIDENTIAL BUILDING  
NUMBER OF UNITS: N/A  
PRIMARY RESIDENCE: NO  
PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 1 FLOOR(S)  
PRIOR NFIP CLAIMS: 0 CLAIM(S)

BUILDING DESCRIPTION: RECREATION BUILDING  
BUILDING DESCRIPTION DETAIL: N/A

REPLACEMENT COST VALUE: \$203,000.00  
DATE OF CONSTRUCTION: 01/01/1986

CURRENT FLOOD ZONE: X  
FIRST FLOOR HEIGHT (FFH): 0.3 FEET  
MOST FAVORABLE FFH METHOD: FEMA DETERMINED

### MORTGAGEE / ADDITIONAL INTEREST INFORMATION

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: N/A

### RATE CATEGORY — RATING ENGINE

**COVERAGE DEDUCTIBLE**  
BUILDING: \$203,000 \$1,250  
CONTENTS: N/A N/A

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.

FULL CRS DISCOUNT IS NOT APPLIED DUE TO THE MAXIMUM DISCOUNT. YOUR PROPERTY'S NFIP FLOOD CLAIMS HISTORY CAN AFFECT OUR PREMIUM. TO PREVENT DELAYS IN CLAIM HANDLING, IT IS IMPORTANT TO MAKE SURE THAT YOUR POLICY INFORMATION IS UP TO DATE AND ACCURATE. CONTACT YOUR INSURANCE AGENT OR COMPANY FOR QUESTIONS AND TO MAKE CHANGES TO YOUR POLICY OR VISIT [FLOODSMART.GOV/FLOOD](https://floodsmart.gov/flood) TO LEARN MORE ABOUT FLOOD INSURANCE.

### COMPONENTS OF TOTAL AMOUNT DUE

|                                             |            |
|---------------------------------------------|------------|
| BUILDING PREMIUM:                           | \$3,127.00 |
| CONTENTS PREMIUM:                           | \$0.00     |
| INCREASED COST OF COMPLIANCE (ICC) PREMIUM: | \$59.00    |
| MITIGATION DISCOUNT:                        | (\$0.00)   |
| COMMUNITY RATING SYSTEM REDUCTION:          | (\$560.00) |
| FULL RISK PREMIUM:                          | \$2,626.00 |
| ANNUAL INCREASE CAP DISCOUNT:               | (\$25.00)  |
| STATUTORY DISCOUNTS:                        | (\$0.00)   |
| DISCOUNTED PREMIUM:                         | \$2,601.00 |
| RESERVE FUND ASSESSMENT:                    | \$468.00   |
| HFIAA SURCHARGE:                            | \$250.00   |
| FEDERAL POLICY FEE:                         | \$47.00    |
| PROBATION SURCHARGE:                        | \$0.00     |
| TOTAL ANNUAL PREMIUM:                       | \$3,366.00 |

IN WITNESS WHEREOF, I have signed this policy below and enter in to this Insurance Agreement

  
Peter Rendall / President

  
Julie Cho / Secretary

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: IMPERIAL FIRE & CASUALTY INSURANCE COMPANY

Insurer NAIC Number: 44369



File: 32860992

Page 1 of 1



DocID: 265268946