BE UN		NFIP Policy N Company Pol Agent:	licy Number:	0002071565 FLD2071565 PCS INSURANCE (GROUP INC		
PCS INSURANCE GROUP INC 3315 HENDERSON BLVD SUITE 200 TAMPA, FL 33609		Payor: Policy Term: Policy Form:	Policy Term:		INSURED 04/17/2023 12:01 AM - 04/17/2024 12:01 AM RCBAP		
Agency Pho	Agency Phone: (813) 868-1010 To report a visit or cal		1-				
	NEW FLOOD INSUR	ANCE POLIC		ARATION	S		
			NSURED NAME(S) AND MAILING ADDRESS				
TAMARIND GULF & BAY CONDO ASSN PO BOX 18809 SARASOTA, FL 34276-1809		PC	TAMARIND GULF & BAY CONDO ASSN PO BOX 18809 SARASOTA, FL 34276-1809				
COMPANY MAILING ADDRES Selective Ins Co of the Sour PO BOX 782747 PHILADELPHIA, PA 19178	29	INSURED PROPERTY LOCATION 2950 N BEACH RD BLDG A1 ENGLEWOOD, FL 34223-9277					
			IILDING DESCR	RIPTION: RIPTION DETAIL:	ENTIRE RESIDENTIAL CONDOM	NIUM BUILDING	
RATING INFORMATION							
BUILDING OCCUPANCY: NUMBER OF UNITS:	RESIDENTIAL CONDOMINIUM BUILDING 12 UNITS		PLACEMENT C		\$3,963,786.00 01/01/1980		
PRIMARY RESIDENCE: PROPERTY DESCRIPTION: PRIOR NFIP CLAIMS:	OPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 3 FLOOR(S), MA CONSTRUCTION		IRRENT FLOOD RST FLOOR HE		AE 1.0 FEMA DETERMINED		
MORTGAGEE / ADDITIONAL	. ,			IGHT METHOD.			
FIRST MORTGAGEE:				1	LOAN NO: N/A		
SECOND MORTGAGEE:			LOAN NO: N/A				
ADDITIONAL INTEREST:				I	LOAN NO: N/A		
DISASTER AGENCY:					CASE NO: N/A DISASTER AGENCY: N/	A	
RATE CATEGORY — RATIN	IG ENGINE						
BUILDING: \$3,000,0	GE DEDUCTIBLE 00 \$10,000	-	C	COMPONENT	S OF TOTAL AMO BUILDING PREMIUM:	DUNT DUE \$40,192.00	
CONTENTS: N/A N/A COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS. Please review this declaration page for accuracy. If any changes are needed, contact your agent. Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit FloodSmart.gov/floodcosts.			CONTENTS PREMIUM: \$0.00 INCREASED COST OF COMPLIANCE (ICC) PREMIUM: \$75.00 MITIGATION DISCOUNT: (\$0.00) COMMUNITY RATING SYSTEM REDUCTION: (\$10,019.00)				
			FULL RISK PREMIUM: \$30,248.00 ANNUAL INCREASE CAP DISCOUNT: (\$26,709.00) STATUTORY DISCOUNTS: (\$0.00)				
		-		RESERVE F PROI	SCOUNTED PREMIUM: FUND ASSESSMENT: HFIAA SURCHARGE: EDERAL POLICY FEE: BATION SURCHARGE: AL ANNUAL PREMIUM:	\$3,539.00 \$637.00 \$250.00 \$564.00 \$0.00 \$4,990.00	
IN WITNESS WHEREOF, I have sig	gned this policy below and enter in to this Insurance Agreement	t 9.				,	
Medaltop		and					
Michael H. Lanza / Secretary	John Ma ^f rchioni / Ch	airman, President & CEO					

ary.

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

Policy issued by: Selective Ins Co of the Southeast

File: 28621722

Page 1 of 1

Zero Balance Due - This Is Not A Bill

Insurer NAIC Number: 39926

DocID: 215353647