

PCS INSURANCE GROUP INC 3315 HENDERSON BLVD SUITE 200

TAMPA, FL 33609

(813) 868-1010 **Agency Phone:**

NFIP Policy Number: 0002071846 Company Policy Number: FLD2071846

PCS INSURANCE GROUP INC Agent:

Payor: **INSURED**

04/12/2023 12:01 AM - 04/12/2024 12:01 AM **Policy Term:**

RCBAP Policy Form:

To report a claim https://customer.myselectiveflood.com

visit or call us at: (877) 348-0552

NEW FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS

TAMARIND GULF & BAY CONDOMINIUM, INC PO BOX 18809

SARASOTA, FL 34276-1809

INSURED NAME(S) AND MAILING ADDRESS

TAMARIND GULF & BAY CONDOMINIUM, INC

PO BOX 18809

SARASOTA, FL 34276-1809

COMPANY MAILING ADDRESS

Selective Ins Co of the Southeast

PO BOX 782747

PHILADELPHIA, PA 19178-2747

INSURED PROPERTY LOCATION

2950 N BEACH RD BLDG B5 ENGLEWOOD, FL 34223-9277

BUILDING DESCRIPTION:

ENTIRE RESIDENTIAL CONDOMINIUM BUILDING

BUILDING DESCRIPTION DETAIL: N/A

BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING

NUMBER OF UNITS: 8 UNITS

PRIMARY RESIDENCE:

PROPERTY DESCRIPTION:

RATING INFORMATION

SLAB ON GRADE (NON-ELEVATED), 3 FLOOR(S), MASONRY

CONSTRUCTION

PRIOR NFIP CLAIMS: 0 CLAIM(S) REPLACEMENT COST VALUE: \$2,316,279.00

DATE OF CONSTRUCTION: 01/01/1980

CURRENT FLOOD ZONE: VF

FIRST FLOOR HEIGHT (FEET): 1.0

FEMA DETERMINED FIRST FLOOR HEIGHT METHOD:

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE:

SECOND MORTGAGEE:

ADDITIONAL INTEREST:

DISASTER AGENCY:

RATE CATEGORY — RATING ENGINE

COVERAGE DEDUCTIBLE

BUILDING: \$2,000,000 \$10,000 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 e 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.

LOAN NO: N/A

LOAN NO: N/A

LOAN NO: N/A

CASE NO: N/A

DISASTER AGENCY: N/A

COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM: \$23,014.00 CONTENTS PREMIUM: \$0.00

INCREASED COST OF COMPLIANCE (ICC) PREMIUM: MITIGATION DISCOUNT:

COMMUNITY RATING SYSTEM REDUCTION:

(\$5,724.00) FULL RISK PREMIUM: \$17,365.00

\$75.00

(\$0.00)

\$310.00

\$250.00

\$0.00

39926

ANNUAL INCREASE CAP DISCOUNT:

(\$15.642.00) STATUTORY DISCOUNTS: (\$0.00)

DISCOUNTED PREMIUM: \$1,723.00

RESERVE FUND ASSESSMENT: HFIAA SURCHARGE:

FEDERAL POLICY FEE: \$376.00 PROBATION SURCHARGE:

TOTAL ANNUAL PREMIUM: \$2,659.00

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

Policy issued by: Selective Ins Co of the Southeast

Michael H. Lanza / Secretary

John Marchioni / Chairman, President & CEO

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

Zero Balance Due - This Is Not A Bill Insurer NAIC Number:

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