

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/24/2024

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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRODUCER CONTACT NAME: Zachary Collins										
The Hilb Group of Florida				PHONE   FAX (A/C, No, Ext): (A/C, No):						
5850 TG Lee Boulevard					E-MAIL zcollins@hilbgroup.com					
Suite 340					ADDRESS:				NAIC #	
Orla	ando			FL 32822	Triange Consists Incompany Co				NAIC#	
	JRED			12 02022	Constraint Insurance Co. 2000					22322
INSU		۸ ۵ ۵ ۵	iation	. Ino	Toohnology Ingurence Company 4007					
	Excelsior Beach to Bay Owners	ASSO	Jauon	i, inc.	INSURER C: Technology Insurance Company 42376					42376
	6263 Midnight Pass Road				INSURER D :					
						INSURER E:				
	Sarasota	FL 34242			INSURER F:					
CO	VERAGES CERT	ΓIFIC	ATE I	NUMBER: 24-25 Master	COI			REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES OF I									
	IDICATED. NOTWITHSTANDING ANY REQUIF ERTIFICATE MAY BE ISSUED OR MAY PERTA		,							
	XCLUSIONS AND CONDITIONS OF SUCH PO							OBJECT TO ALL THE TERMS	,	
INSR		ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP	LIMIT	s	
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICI NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			0,000
								EACH OCCURRENCE DAMAGE TO RENTED	φ .	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$ 50,000	
				OIL IO A D 404 405 00		0.4/0.4/0000.4	0.4/0.4/0005	MED EXP (Any one person)	\$ 5,000	
Α				CIUCAP401465-02		04/24/2024	04/24/2025	PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	OTHER:							Hired and Non-Owned	\$ 1,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LYMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	➤ UMBRELLA LIAB OCCUR								15.0	000,000
В	EXCECCION DOCCOR			PPP7495907		04/24/2024	04/24/2025	EACH OCCURRENCE	15.0	00,000
	CLAIMS-MADE							AGGREGATE	Φ	.00,000
	DED   RETENTION \$   WORKERS COMPENSATION							PER OTH-	\$	
	AND EMPLOYERS' LIABILITY  Y/N	N/A	TWC4194205		01/01/2023		PER OTH- STATUTE ER	500	222	
С	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					01/01/2023	01/01/2024	E.L. EACH ACCIDENT	\$ 500,	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	<sub>\$</sub> 500,	,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	<sub>\$</sub> 500,	,000
Α	Crime- Property management company included in coverage			CIUCAP401465-02		04/24/2024	04/24/2025	Limit	\$1,2	200,000
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
CERTIFICATE HOLDER CANCELLATION										
SUCHED ANY OF THE ADOME DESCRIBED BOLICIES BE CANCELLED REFORE							) REFORE			
Informational Purposes 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						
l										

			ADDI	TIONAL COVE	RAGI	ES			
Ref#	<b>Description</b> Voluntary compensation					Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium		
Ref #		<b>Description</b> Adjst. to reconcile-exp mod. premium				Coverage Code AREM	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	<b>Premium</b> -\$124.0	00	
Ref #		Description Increased employer's liability					Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$68.00		
Ref #	Description Add'l for policy minimum premium					Coverage Code APMP	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$7.00		
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	<b>Premium</b> \$160.00		
Ref #	Description	n				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium		
Ref #	Description	n				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium		
Ref #	Description	n				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium		
Ref #	Description	n				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium		
Ref #	Description	n				Coverage Code	Form No.	Edition Date	
Limit 1	•	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	1	
Ref #	Description	n				Coverage Code	Form No.	Edition Date	
Limit 1	1	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	1	
OFADT	LCV						Copyright 2001, AN	IS Services, Inc.	

AGENCY CUSTOMER ID:	
LOC #:	



## ADDITIONAL REMARKS SCHEDULE

Page of

AGENCY		NAMED INSURED				
The Hilb Group of Florida		Excelsior Beach to Bay Owners Association, Inc.				
POLICY NUMBER						
CARRIER	NAIC CODE					
		EFFECTIVE DATE:				
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Notes						

COVERAGES CONTINUED:

DIRECTORS & OFFICERS @ \$1,000,000 // Carrier: Trisura Specialty Insurance Co // Policy #: CIUCAP401465-02 // Eff: 4/24/2024-2025.

PROPERTY - Special Form Hazard Excluding Wind at Replacement Cost // Carrier: Trisura Specialty Insurance Co // Policy #: CIUCAP401465-02// Eff: 4/24/2024-2025 // Total Insured Value: \$53,843,801 // Coinsurance: Agreed Amount // AOP Deductible: \$10,000 // Building Ordinance or Law Included // No Inflation Guard // 166 Units.

PROPERTY - Wind Only at Replacement Cost // Carrier: Citizens Property Insurance Corp // Policy #: 07068716 // Eff: 4/24/2024-2025 // Total Insured Value: \$51,979,000 // Coinsurance: Waived // Hurricane Deductible: 5% / All Other Wind Deductible: 1% // Building Ordinance or Law Coverage NOT Offered // Inflation Guard Included // 166 Units.

EQUIPMENT BREAKDOWN @ \$53,967,801 // Carrier: Travelers Excess & Surplus Co // Policy #: BME1-4W294620-TXS-24 // Eff: 4/24/2024-2025.

#### COVERAGE REMARKS:

Insurance provided as required by FL Statute 718.111. Master policy covers from drywall to the outside of the building. From the paint to the inside of the unit is each individual Owner's responsibility.

Per Florida Statute 627.4133, Notices of Cancellation shall be given 45 days prior to the Effective Date of the Cancellation, except, 10 day Notice of Cancellation for Non-payment of Premium.

#### 7. Separation Of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- b. Separately to each insured against whom claim is made or "suit" is brought.

#### FLOOD

6269-6275 Midnight Pass Rd - Flood Zone: AE // Carrier: Philadelphia Indemnity Insurance Co // Policy #: 0020002004 // Eff: 7/29/2023-24// Replacement Cost: \$1,304,071 // Building Limit: \$1,000,000 // Deductible: \$1,250 // 4 Units.

6277-6283 Midnight Pass Rd - Flood Zone: AE // Carrier: Philadelphia Indemnity Insurance Co // Policy #: 0020002003 // Eff: 7/29/2023-24 // Replacement Cost: \$1,304,071 // Building Limit: \$1,000,000 // Deductible: \$1,250 // 4 Units.

6264-6268 Midnight Pass Rd - Flood Zone: AE // Carrier: American Bankers Insurance Co of FL // Policy #: 8704744273 // Eff: 2/9/2024-25 // Replacement Cost: \$10,025,500 // Building Limit: \$7,500,000 // Deductible: \$1,250 // 30 Units.

6265 Midnight Pass Rd - Flood Zone: AE // Carrier: American Bankers Insurance Co of FL // Policy #: 8704744280 // Eff: 2/9/2024-25 // Replacement Cost: \$6,697,900 // Buildig Limit: \$5,500,000 // Deductible: \$1,250 // 22 Units.

6267 Midnight Pass Rd - Flood Zone: AE // Carrier: American Bankers Insurance Co of FL // Policy #: 8704744276 // Eff: 2/9/2024-25 // Replacement Cost: \$9,468,500 // Building Limit: \$8,000,000 // Deductible: \$1,250 // 32 Units.

6285 Midnight Pass Rd - Flood Zone: AE // Carrier: American Bankers Insurance Co of FL // Policy #: 8704744277 // Eff: 2/9/2024-25 // Replacement Cost: \$9,468,500 // Building Limit: \$8,000,000 // Deductible: \$1,250 // 32 Units.

6287 Midnight Pass Rd - Flood Zone: AE // Carrier: American Bankers Insurance Co of FL // Policy #: 8704744281 // Eff: 2/9/2024-25 // Replacement Cost: \$6,697,900 // Building Limit: \$5,500,000 // Deductible: \$1,250 // 22 Units.

6263 Midnight Pass Rd - Flood Zone: AE // Carrier: American Bankers Insurance Co of FL // Policy #: 8704744287 // Eff: 2/9/2024-25 // Replacement Cost: \$7,098,300 // Building Limit: \$5,000,000 // Deductible: \$1,250 // 20 Units.



A Member of the Tokio Marine Gro DBA ALL LINES INSURANCE GROUP 28100 US HIGHWAY 19 N STE 201 CLEARWATER, FL 337612656

Agency Phone: (727) 446-5721 **NFIP Policy Number:** 0020002004 Company Policy Number: 00200020042021 CASSIE STICKELS Agent:

Payor: **INSURED** 

Policy Term: 07/29/2023 12:01 AM - 07/29/2024 12:01 AM

**RCBAP** Policy Form:

To report a claim https://phlyflood.manageflood.com

visit or call us at: (888) 200-5603

### RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

**DELIVERY ADDRESS** 

EXCELSIOR BEACH TO BAY CONDO A INC AND OR ALL UNITOWNERS ATIM

6263 MIDNIGHT PASS RD SARASOTA, FL 342422319 INSURED NAME(S) AND MAILING ADDRESS EXCELSIOR BEACH TO BAY CONDO A INC AND OR ALL UNITOWNERS ATIM

6263 MIDNIGHT PASS RD SARASOTA, FL 342422319

COMPANY MAILING ADDRESS

PHILADELPHIA INDEMNITY INSURANCE COMPANY

PO BOX 200584

DALLAS, TX 75320-0584

INSURED PROPERTY LOCATION

6269-6275 MIDNIGHT PASS RD SARASOTA, FL 342422368

**BUILDING DESCRIPTION:** 

ENTIRE RESIDENTIAL CONDOMINIUM BUILDING

**BUILDING DESCRIPTION DETAIL:** N/A

RATING INFORMATION

**BUILDING OCCUPANCY:** RESIDENTIAL CONDOMINIUM BUILDING

NUMBER OF UNITS: 4 UNITS PRIMARY RESIDENCE: NO

ELEVATED WITHOUT ENCLOSURE ON POSTS, PILES OR PROPERTY DESCRIPTION:

PIERS, 2 FLOOR(S)

PRIOR NFIP CLAIMS: 0 CLAIM(S)

REPLACEMENT COST VALUE: \$1,304,071.00 DATE OF CONSTRUCTION: 01/01/1983

**CURRENT FLOOD ZONE:** ΑF FIRST FLOOR HEIGHT (FEET): 15.0

**ELEVATION CERTIFICATE** FIRST FLOOR HEIGHT METHOD:

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE:

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:** \$1,000,000 \$1,250

**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.

**COMPONENTS OF TOTAL AMOUNT DUE** 

LOAN NO: N/A

**BUILDING PREMIUM:** \$15,688.00 CONTENTS PREMIUM: \$0.00 \$75.00

> \$235.00 \$250.00

> > \$0.00

18058

INCREASED COST OF COMPLIANCE (ICC) PREMIUM: MITIGATION DISCOUNT: (\$0.00)

COMMUNITY RATING SYSTEM REDUCTION: (\$3,893.00)**FULL RISK PREMIUM:** \$11,870.00

ANNUAL INCREASE CAP DISCOUNT: (\$10.565.00)STATUTORY DISCOUNTS: (\$0.00)

**DISCOUNTED PREMIUM:** \$1,305.00 RESERVE FUND ASSESSMENT: HEIAA SURCHARGE:

**FEDERAL POLICY FEE:** \$188.00 PROBATION SURCHARGE: TOTAL ANNUAL PREMIUM: \$1,978.00

 $IN\,WITNESS\,WHEREOF, we have signed this policy below and hereby enter into this insurance agreement.$ 

John Glomb / President and CEO

Edward Sayago / VP & Deputy CLO

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:** 

Policy issued by: PHILADELPHIA INDEMNITY INSURANCE COMPANY

Page 1 of 1 DocID: 223460000



A Member of the Tokio Marine Gro DBA ALL LINES INSURANCE GROUP 28100 US HIGHWAY 19 N STE 201 CLEARWATER, FL 337612656

Agency Phone: (727) 446-5721 **NFIP Policy Number:** 0020002003 Company Policy Number: 00200020032021 CASSIE STICKELS Agent:

Payor: **INSURED** 

Policy Term: 07/29/2023 12:01 AM - 07/29/2024 12:01 AM

**RCBAP** Policy Form:

To report a claim https://phlyflood.manageflood.com

visit or call us at: (888) 200-5603

## RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

**DELIVERY ADDRESS** 

INSURED NAME(S) AND MAILING ADDRESS

EXCELSIOR BEACH TO BAY CONDO A INC AND OR ALL UNITOWNERS ATIM

6263 MIDNIGHT PASS RD SARASOTA, FL 342422319

6263 MIDNIGHT PASS RD

EXCELSIOR BEACH TO BAY CONDO A INC AND OR ALL UNITOWNERS ATIM

SARASOTA, FL 342422319

COMPANY MAILING ADDRESS

PHILADELPHIA INDEMNITY INSURANCE COMPANY

PO BOX 200584

DALLAS, TX 75320-0584

INSURED PROPERTY LOCATION

6277-6283 MIDNIGHT PASS RD SARASOTA, FL 342422369

**BUILDING DESCRIPTION:** 

ENTIRE RESIDENTIAL CONDOMINIUM BUILDING

**BUILDING DESCRIPTION DETAIL:** N/A

RATING INFORMATION

**BUILDING OCCUPANCY:** RESIDENTIAL CONDOMINIUM BUILDING

NUMBER OF UNITS: 4 UNITS

PRIMARY RESIDENCE: NO

ELEVATED WITHOUT ENCLOSURE ON POSTS, PILES OR PROPERTY DESCRIPTION:

PIERS, 2 FLOOR(S), MASONRY CONSTRUCTION

PRIOR NFIP CLAIMS: 0 CLAIM(S) REPLACEMENT COST VALUE: \$1,304,071.00

DATE OF CONSTRUCTION: 01/01/1983

**CURRENT FLOOD ZONE:** ΑF FIRST FLOOR HEIGHT (FEET):

15 6

**ELEVATION CERTIFICATE** FIRST FLOOR HEIGHT METHOD:

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** 

**COMPONENTS OF TOTAL AMOUNT DUE** 

**BUILDING PREMIUM:** 

RATE CATEGORY — RATING ENGINE

**COVERAGE DEDUCTIBLE** 

**BUILDING:** \$1,000,000 \$1,250 **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.

\$8,304.00 CONTENTS PREMIUM: \$0.00 INCREASED COST OF COMPLIANCE (ICC) PREMIUM: \$75.00 MITIGATION DISCOUNT: (\$0.00)COMMUNITY RATING SYSTEM REDUCTION: (\$2,047.00)**FULL RISK PREMIUM:** \$6,332.00 ANNUAL INCREASE CAP DISCOUNT: (\$5.027.00)STATUTORY DISCOUNTS: (\$0.00)**DISCOUNTED PREMIUM:** \$1,305.00

RESERVE FUND ASSESSMENT: \$235.00 \$250.00 HEIAA SURCHARGE:

> **FEDERAL POLICY FEE:** \$188.00 PROBATION SURCHARGE: \$0.00 TOTAL ANNUAL PREMIUM: \$1,978.00

> > 18058

 $IN\,WITNESS\,WHEREOF, we have signed this policy below and hereby enter into this insurance agreement.$ 

John Glomb / President and CEO

Edward Sayago / VP & Deputy CLO

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:** 

Policy issued by: PHILADELPHIA INDEMNITY INSURANCE COMPANY

DocID: 223460019

File: 29353719

Page 1 of 1

Printed 07/31/2023



## **Renewal Flood Insurance Policy Declarations**

This Declarations Page is part of your Policy.

Policy Term: 02/09/2024 (12:01 a.m.) to 02/09/2025 (12:01 a.m.)

NAIC: 10111

**Policy Number:** 8704744273 First Mortgagee / Lender Name:

Named Insured and Mailing Address:

EXCELSIOR BEACH TO BAY CONDO 6263 MIDNIGHT PASS RD SARASOTA, FL 34242-2319

Loan Number:

**Second Mortgagee / Lender Name: Producer Number:** 70001-06413-000

Premium Payor: INSURED

**Property Location:** 

6268-6264 MIDNIGHT PASS RD Loan Number: SARASOTA, FL 34242-2304

Other / Loss Pavee:

**For Service Please Contact:** THE HILB GROUP OF FLORIDA. LLC 28100 US HIGHWAY 19 N STE 201 CLEARWATER, FL 33761-2656 727-446-5721

#### Loan Number:

#### LOCATION AND PROPERTY INFORMATION

Number Of Units: 30 Date of Construction: 01/01/1980 Primary Residence: No Prior NFIP Claims: 0 claim(s) Building Occupancy: Residential Condo Building First Floor Height: 8.60 ft Method Used to Determine First Floor Height: Elevation Certificate Replacement Cost: \$ 10,025,500 Building Description: Entire Residential Condo Building

Property Description: ELEVATED WITH ENCLOSURE ON POSTS, PILES OR PIERS, THREE OR MORE FLOORS

Your property's NFIP flood claims history can affect your premium.

#### Rate Category: FEMA Rating Engine **COVERAGE AND PREMIUM INFORMATION** Coverage Type Coverage Limit Deductible Premium Building \$ 7,500,000 \$ 1.250 40,790.00 Contents \$0 \$0 \$ 0.00 Increased Cost of Compliance: \$ 75.00 Community Rating System Discount: \$ -10,168.00 Full Risk Premium Excluding Fees and Surcharges: \$ 30,697.00 STATUTORY DISCOUNTS Annual Increase Cap Discount: -26,299.00 Discounted Premium: 4,398.00 \$ FEES AND SURCHARGES Reserve Fund Assessment: 792.00 Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00 Federal Policy Fee: \$

TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID

6,580.00

1,140.00

NFIP POLICY NUMBER: 8704744273



## **Renewal Flood Insurance Policy Declarations**

This Declarations Page is part of your Policy.

Policy Term: 02/09/2024 (12:01 a.m.) to 02/09/2025 (12:01 a.m.)

NAIC: 10111

Named Insured and Mailing Address:

EXCELSIOR BEACH TO BAY CONDO 6263 MIDNIGHT PASS RD SARASOTA, FL 34242-2319

Loan Number:

Producer Number: 70001-06413-000 Second Mortgagee / Lender Name:

Premium Payor: INSURED

**Property Location:** 

6267 MIDNIGHT PASS RD BLDG 5

Loan Number:

SARASOTA, FL 34242-2321

Other / Loss Pavee:

For Service Please Contact: THE HILB GROUP OF FLORIDA. LLC 28100 US HIGHWAY 19 N STE 201 CLEARWATER, FL 33761-2656 727-446-5721

### **Loan Number:**

#### LOCATION AND PROPERTY INFORMATION

Date of Construction: 01/01/1980

Building Occupancy: Residential Condo Building

Method Used to Determine First Floor Height: Elevation Certificate

Building Description: Entire Residential Condo Building

Number Of Units: 32

Primary Residence: No

Prior NFIP Claims: 0 claim(s)

First Floor Height: 9.30 ft

Replacement Cost: \$ 9,468,500

Property Description: ELEVATED WITH ENCLOSURE ON POSTS, PILES OR PIERS, THREE OR MORE FLOORS

Your property's NFIP flood claims history can affect your premium.

#### Rate Category: FEMA Rating Engine **COVERAGE AND PREMIUM INFORMATION** Coverage Type Coverage Limit Deductible Premium Building \$8,000,000 \$ 1.250 38,524.00 Contents \$0 \$0 \$ 0.00 Increased Cost of Compliance: \$ 75.00 Community Rating System Discount: \$ -9,602.00 Full Risk Premium Excluding Fees and Surcharges: \$ 28,997.00 STATUTORY DISCOUNTS Annual Increase Cap Discount: -24,441.00 Discounted Premium: 4,556.00 \$ FEES AND SURCHARGES Reserve Fund Assessment: 820.00 Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00 Federal Policy Fee: \$ 1,180.00

TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID

NFIP POLICY NUMBER: 8704744276

6,806.00



## **Renewal Flood Insurance Policy Declarations**

This Declarations Page is part of your Policy.

Policy Term: 02/09/2024 (12:01 a.m.) to 02/09/2025 (12:01 a.m.)

NAIC: 10111

Named Insured and Mailing Address:

EXCELSIOR BEACH TO BAY CONDO 6263 MIDNIGHT PASS RD SARASOTA, FL 34242-2319

Loan Number:

**Producer Number:** 70001-06413-000 **Second Mortgagee / Lender Name:** 

Premium Payor: INSURED

**Property Location:** 

6285 MIDNIGHT PASS RD BLDG 4 SARASOTA, FL 34242-2322 Loan Number:

Other / Loss Pavee:

For Service Please Contact: THE HILB GROUP OF FLORIDA. LLC 28100 US HIGHWAY 19 N STE 201 CLEARWATER, FL 33761-2656 727-446-5721

### **Loan Number:**

#### LOCATION AND PROPERTY INFORMATION

**COVERAGE AND PREMIUM INFORMATION** 

Date of Construction: 01/01/1980

Building Occupancy: Residential Condo Building

Method Used to Determine First Floor Height: Elevation Certificate

Building Description: Entire Residential Condo Building

Number Of Units: 32

Primary Residence: No

Prior NFIP Claims: 0 claim(s)

First Floor Height: 9.20 ft

Replacement Cost: \$ 9,468,500

Property Description: ELEVATED WITH ENCLOSURE ON POSTS, PILES OR PIERS, THREE OR MORE FLOORS

Your property's NFIP flood claims history can affect your premium.

#### Coverage Type Coverage Limit Deductible Premium Building \$8,000,000 \$ 1.250 35,124.00 Contents \$0 \$0 \$ 0.00 Increased Cost of Compliance: \$ 75.00 Community Rating System Discount: \$ -8,752.00 Full Risk Premium Excluding Fees and Surcharges: \$ 26,447.00 STATUTORY DISCOUNTS Annual Increase Cap Discount: -21,891.00 Discounted Premium: 4,556.00 \$ FEES AND SURCHARGES Reserve Fund Assessment: 820.00

Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge:

TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID

\$ 6,806.00

250.00

1,180.00

\$

\$

NFIP POLICY NUMBER: 8704744277

Federal Policy Fee:

Rate Category: FEMA Rating Engine



## **Renewal Flood Insurance Policy Declarations**

This Declarations Page is part of your Policy.

Policy Term: 02/09/2024 (12:01 a.m.) to 02/09/2025 (12:01 a.m.)

NAIC: 10111

Policy Number: 8704744280 First Mortgagee / Lender Name:

Named Insured and Mailing Address:

EXCELSIOR BEACH TO BAY CONDO 6263 MIDNIGHT PASS RD SARASOTA, FL 34242-2319

Loan Number:

Producer Number: 70001-06413-000 Second Mortgagee / Lender Name:

Premium Payor: INSURED

**Property Location:** 

6265 MIDNIGHT PASS RD BLDG 3 SARASOTA, FL 34242-2320 Loan Number:

TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID

Other / Loss Pavee:

For Service Please Contact: THE HILB GROUP OF FLORIDA. LLC 28100 US HIGHWAY 19 N STE 201 CLEARWATER, FL 33761-2656 727-446-5721

### Loan Number:

#### LOCATION AND PROPERTY INFORMATION

Date of Construction: 01/01/1980

Building Occupancy: Residential Condo Building

Method Used to Determine First Floor Height: Elevation Certificate

Building Description: Entire Residential Condo Building

Number Of Units: 22

Primary Residence: No

Prior NFIP Claims: 0 claim(s)

First Floor Height: 9.20 ft

Replacement Cost: \$ 6,697,900

Property Description: ELEVATED WITH ENCLOSURE ON POSTS, PILES OR PIERS, THREE OR MORE FLOORS

Your property's NFIP flood claims history can affect your premium.

#### Rate Category: FEMA Rating Engine **COVERAGE AND PREMIUM INFORMATION** Coverage Type Coverage Limit Deductible Premium Building \$ 5,500,000 \$ 1.250 31,433.00 Contents \$0 \$0 \$ 0.00 Increased Cost of Compliance: \$ 75.00 Community Rating System Discount: \$ -7,829.00 Full Risk Premium Excluding Fees and Surcharges: \$ 23,679.00 STATUTORY DISCOUNTS Annual Increase Cap Discount: -20,375.00 Discounted Premium: 3,304.00 \$ FEES AND SURCHARGES Reserve Fund Assessment: 595.00 Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00 Federal Policy Fee: \$ 980.00

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

Refer to www.FloodSmart.gov/floodcosts for more information about flood risk and policy rating.

NFIP POLICY NUMBER: 8704744280

\$

5,129.00



## **Renewal Flood Insurance Policy Declarations**

This Declarations Page is part of your Policy.

Policy Term: 02/09/2024 (12:01 a.m.) to 02/09/2025 (12:01 a.m.)

NAIC: 10111

**Policy Number:** 8704744281 First Mortgagee / Lender Name:

Named Insured and Mailing Address:

EXCELSIOR BEACH TO BAY CONDO 6263 MIDNIGHT PASS RD SARASOTA, FL 34242-2319

Loan Number:

Producer Number: 70001-06413-000 Second Mortgagee / Lender Name:

Premium Payor: INSURED

**Property Location:** 

6287 MIDNIGHT PASS RD BLDG 2

SAPASOTA FL 24242 2222

Loan Number:

SARASOTA, FL 34242-2323

Other / Loss Pavee:

For Service Please Contact: THE HILB GROUP OF FLORIDA. LLC 28100 US HIGHWAY 19 N STE 201 CLEARWATER, FL 33761-2656 727-446-5721

### **Loan Number:**

#### LOCATION AND PROPERTY INFORMATION

Date of Construction: 01/01/1980

Building Occupancy: Residential Condo Building

Method Used to Determine First Floor Height: Elevation Certificate

Building Description: Entire Residential Condo Building

Number Of Units: 22

Primary Residence: No

Prior NFIP Claims: 0 claim(s)

First Floor Height: 9.20 ft

Replacement Cost: \$ 6,697,900

Property Description: ELEVATED WITH ENCLOSURE ON POSTS, PILES OR PIERS, THREE OR MORE FLOORS

Your property's NFIP flood claims history can affect your premium.

#### Rate Category: FEMA Rating Engine **COVERAGE AND PREMIUM INFORMATION** Coverage Type Coverage Limit Deductible Premium Building \$ 5,500,000 \$ 1.250 22,954.00 Contents \$0 \$0 \$ 0.00 Increased Cost of Compliance: \$ 75.00 Community Rating System Discount: \$ -5,709.00 Full Risk Premium Excluding Fees and Surcharges: \$ 17,320.00 STATUTORY DISCOUNTS Annual Increase Cap Discount: -14,016.00 Discounted Premium: 3,304.00 \$ FEES AND SURCHARGES Reserve Fund Assessment: 595.00 Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00 Federal Policy Fee: \$ 980.00 TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID \$ 5,129.00

NFIP POLICY NUMBER: 8704744281



## **Renewal Flood Insurance Policy Declarations**

This Declarations Page is part of your Policy.

Policy Term: 02/09/2024 (12:01 a.m.) to 02/09/2025 (12:01 a.m.)

NAIC: 10111

Policy Number: 9904744287 First Mortgagee / Lender Name:

Named Insured and Mailing Address:

EXCELSIOR BEACH TO BAY CONDO 6263 MIDNIGHT PASS RD SARASOTA, FL 34242-2319

Loan Number:

Producer Number: 70001-06413-000 Second Mortgagee / Lender Name:

Premium Payor: INSURED

**Property Location:** 

6263 MIDNIGHT PASS RD BLDG 1 SARASOTA, FL 34242-2319 Loan Number:

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Other / Loss Payee:

For Service Please Contact: THE HILB GROUP OF FLORIDA. LLC 28100 US HIGHWAY 19 N STE 201 CLEARWATER, FL 33761-2656 727-446-5721

### **Loan Number:**

#### LOCATION AND PROPERTY INFORMATION

**COVERAGE AND PREMIUM INFORMATION** 

Date of Construction: 01/01/1980

Building Occupancy: Residential Condo Building

Method Used to Determine First Floor Height: Elevation Certificate

Building Description: Entire Residential Condo Building

Number Of Units: 20

Primary Residence: No

Prior NFIP Claims: 0 claim(s)

First Floor Height: 9.20 ft

Replacement Cost: \$7,098,300

Property Description: ELEVATED WITH ENCLOSURE ON POSTS, PILES OR PIERS, THREE OR MORE FLOORS

Your property's NFIP flood claims history can affect your premium.

#### Coverage Type Coverage Limit Deductible Premium Building \$ 5,000,000 \$ 1.250 27,105,00 Contents \$0 \$0 \$ 0.00 Increased Cost of Compliance: \$ 75.00 Community Rating System Discount: \$ 0.00 Full Risk Premium Excluding Fees and Surcharges: \$ 27,180.00 STATUTORY DISCOUNTS Annual Increase Cap Discount: -21,471.00 Discounted Premium: 5,709.00 FEES AND SURCHARGES Reserve Fund Assessment: \$ 1,028.00

Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge:

TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID

\$ 7,927.00

250.00

940.00

\$

\$

NFIP POLICY NUMBER: 9904744287

Federal Policy Fee:

Rate Category: FEMA Rating Engine