

**SELECTIVE**

BE UNIQUELY INSURED®

PCS INSURANCE GROUP INC  
3315 HENDERSON BLVD SUITE 200  
TAMPA, FL 33609

Agency Phone: (813) 868-1010

NFIP Policy Number: 0002762782  
Company Policy Number: FLD2762782  
Agent: PCS INSURANCE GROUP INC

Payor: INSURED  
Policy Term: 01/04/2026 12:01 AM - 01/04/2027 12:01 AM  
Policy Form: RCBAP

To report a claim  
visit or call us at: <https://customer.myselectiveflood.com>  
(877) 348-0552

## RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

## DELIVERY ADDRESS

EASTWOOD SHORES CONDOMINIUM  
24701 US HWY 19 N STE 12  
C/O AMERI-TECH PROPERTY MGMT  
CLEARWATER, FL 33760-1540

## INSURED NAME(S) AND MAILING ADDRESS

EASTWOOD SHORES CONDOMINIUM  
24701 US HWY 19 N STE 12  
C/O AMERI-TECH PROPERTY MGMT  
CLEARWATER, FL 33760-1540



## COMPANY MAILING ADDRESS

Selective Ins Co of the Southeast  
PO BOX 782747  
PHILADELPHIA, PA 19178-2747

## INSURED PROPERTY LOCATION

1813 BOUGH AVE  
CLEARWATER, FL 33760-1540

## RATING INFORMATION

BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING  
NUMBER OF UNITS: 4 UNITS  
PRIMARY RESIDENCE: NO  
PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 2 FLOOR(S), FRAME CONSTRUCTION  
PRIOR NFIP CLAIMS: 0 CLAIM(S)

BUILDING DESCRIPTION: ENTIRE RESIDENTIAL CONDOMINIUM BUILDING  
BUILDING DESCRIPTION DETAIL: N/A

REPLACEMENT COST VALUE: \$832,731.00  
DATE OF CONSTRUCTION: 01/01/1984  
CURRENT FLOOD ZONE: AE  
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: \$833,000	\$2,000
CONTENTS: N/A	N/A

SEE POLICY FORM FOR INFORMATION ON COVERAGE LIMITATIONS AND COINSURANCE PENALTIES.  
PLEASE REVIEW THIS DECLARATION PAGE. INACCURATE INFORMATION MAY LEAD TO CLAIM PROCESSING DELAYS.  
QUESTIONS OR CHANGES NEEDED, PLEASE CONTACT YOUR AGENCY.

## COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$6,177.00
CONTENTS PREMIUM:	\$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$75.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$2,423.00)
FULL RISK PREMIUM:	\$3,829.00
ANNUAL INCREASE CAP DISCOUNT:	(\$0.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$3,829.00
RESERVE FUND ASSESSMENT:	\$689.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$188.00
PROBATION SURCHARGE:	\$0.00
<b>TOTAL ANNUAL PREMIUM:</b>	<b>\$4,956.00</b>

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

Michael H. Lanza / Secretary

John Marchionni / Chairman, President &amp; 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**

Policy issued by: Selective Ins Co of the Southeast

Insurer NAIC Number: 39926

39926



File: 32786436

Page 1 of 1



DocID: 264146122