



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/3/2016

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 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> Whitehaven Insurance Services, LLC 2201 Oyster Bay Lane Gulf Shores AL 36542	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): 251-967-3323 FAX (A/C. No.): 251-967-3324 E-MAIL ADDRESS: kelly.henderson@whitehaveninsurance.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Aspen Specialty Insurance Company</td> <td>10717</td> </tr> <tr> <td>INSURER B : Greenwich Insurance Company</td> <td>22322</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Aspen Specialty Insurance Company	10717	INSURER B : Greenwich Insurance Company	22322	INSURER C :		INSURER D :		INSURER E :		INSURER F :
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<b>INSURED</b> BOARCON-01 BOARDWALK CONDOMINIUM OWNERS ASSN, INC. P O BOX 2839 GULF SHORES AL 36547														

**COVERAGES** **CERTIFICATE NUMBER: 874758016** **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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			CIUCAP001528-02	5/1/2016	5/1/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7445617	5/1/2016	5/1/2017	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>DIRECTORS &amp; OFFICERS CRIME/FIDELITY</b>			CIUCAP001528-02	5/1/2016	5/1/2017	Limit: \$1,000,000 Ded: \$1,000 Limit: \$ 200,000 Ded: \$1,000

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

YOUR NAME, YOUR UNIT #, YOUR LOAN # WILL APPEAR IN THIS SPACE

<b>CERTIFICATE HOLDER</b>  FOR ASSOCIATION USE ONLY PLEASE CALL 251-967-3323 IF YOU NEED EVIDENCE OF INSURANCE FOR YOUR MORTGAGE COMPANY	<b>CANCELLATION</b>  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 
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**FLOOD POLICY DECLARATIONS**  
**New Hampshire Insurance Company**

APR 15 2016

Standard Policy

**Type:** Renewal  
**Policy Period:** 06/05/2016 To 06/05/2017  
**Form:** RCBAP

For payment status, call: (888) 245-7274  
 These Declarations are effective  
 as of: 06/05/2016 at 12:01 AM

Address Info

**Producer Name and Mailing Address:**  
 WHITEHAVEN INSURANCE SERVICES LLC  
 PO BOX 378  
 GULF SHORES, AL 36547-0378

**Insured Name and Mailing Address:**  
 BOARDWALK CONDO ASSN INC  
 PO BOX 2839  
 GULF SHORES, AL 36547-2839

**NFIP Policy Number:** 0120086097  
**Agent/Agency #:** 03600-00981-000  
**Reference #:**  
**Phone #:** (251)967-3323

**NAIC Number:** 23841  
**Processed by:**  
 Flood Insurance Processing Center  
 P.O. Box 2057 Kalispell MT 59903-2057

Property Info

**Property Location:**  
 409 E BEACH BLVD  
 GULF SHORES, AL 36542

**Building Description:**  
 Other Residential  
 Three or More Floors  
 Elevated With Enclosure  
 High Rise

**Primary Residence:** N  
**Premium Payor:** Insured  
**Flood Risk/Rated Zone:** AE **Current Zone:**  
**Community Number:** 01 5005 1081 L  
**Community Name:** GULF SHORES, CITY OF  
**Grandfathered:** No  
**Post-Firm Construction**  
**Program Type:** Regular

**Newly Mapped into SFHA:**  
**Elev Diff:** 0  
**Elevated Building:** Y  
**Includes Addition(s) and Extension(s)**  
**Replacement Cost:** \$9,974,467  
**Number of Units:** 70

Coverage & Rating

Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
Building:	12,069,200	1.440 / .072	1,250	13-	11,071.00	Premium Subtotal:	11,071.00
Contents:						ICC Premium:	5.00
Contents						CRS Discount:	1,108.00
Location:						Reserve Fund Assmt:	1,495.00
THIS IS AN ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD FLOOD INSURANCE POLICY.						HFIAA Surcharge:	250.00
						Federal Policy Fee:	2,000.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
						<b>Total Premium Paid:</b>	<b>13,713.00</b>

Coverage Limitations May Apply. See Your Policy Form for Details.

Mortgage Info

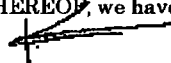

**First Mortgage:**

**Loss Payee:**

**Second Mortgage:**

**Disaster Agency:**

This Declaration Page, in conjunction with the policy, constitutes your Flood Insurance Policy.  
 In WITNESS WHEREOF, we have signed this policy below and hereby enter into this Insurance Agreement.

 President  
 Secretary

# PRIVACY POLICY

The AIG Companies (AIG) believes that protecting your privacy is of critical importance. We feel that you should understand what *nonpublic personal information* we collect, how we use the information, and how we safeguard it. This statement describes the types of nonpublic personal information we collect and use to provide insurance products and services to our customers.

## Collecting Information:

We collect nonpublic personal information to perform the services you have requested from the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, or our affiliates, or others;
- Information from consumer reporting agencies, such as credit, property inspection, motor vehicle, and claims activity reports; and
- Information received in handling claims.

## Customer Information Shared with Others:

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.

## How We Protect your Nonpublic Personal Information:

We value your trust and handle information about you with care. We restrict access to nonpublic personal information about you to employees, affiliates, or non-affiliates who need to know such information in order to provide products and services to you. We maintain physical, procedural, and electronic safeguards to protect our current and former customer nonpublic information.

## Changes to our Privacy Policy:

This privacy policy applies to products or services provided for personal, family, or household purposes in the United States by the AIG Companies listed below. Although we may change this policy at any time, please rest assured that you will be notified of any changes as required by law.

## Maintaining Accurate Information:

We also maintain procedures to ensure that the information we collect is accurate, up-to-date, and as complete as possible. If you believe the information we have about you in our records or files is incomplete or inaccurate, you may request that we make additions or corrections, or if it is feasible, that we delete this information from our files. Your request must be in writing, and you should mail your request, *including your policy number, name, address, and phone number*, to:

Privacy Services  
Audubon Insurance Group  
PO Box 15989  
Baton Rouge, LA 70895-5989

## AIG Companies Covered by this Privacy Policy:

Audubon Insurance Group  
National Union Fire Insurance Company of Louisiana  
Granite State Insurance Company  
American International South Insurance Company

Audubon Indemnity Company  
New Hampshire Insurance Company  
Illinois National Insurance Company

Thank you for allowing us to serve you. As described in our Privacy Policy, we aim to continually protect your nonpublic information. Please realize that because we value our customer relationship we endeavor to provide you with excellent products and service.

