



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/17/2022

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).

PRODUCER Whitehaven Insurance Services, LLC 2201 Oyster Bay Lane Gulf Shores AL 36542	CONTACT NAME: Kelly E Henderson PHONE (A/C. No. Ext): 2519673323 E-MAIL ADDRESS: kelly.henderson@whitehaveninsurance.com	FAX (A/C. No): 251-967-3324
	INSURER(S) AFFORDING COVERAGE	
INSURED SAN CARLOS CONDOMINIUM OWNERS ASSN, INC. PO BOX 3813 GULF SHORES AL 36547	INSURER A : Greenwich Insurance Company	
	INSURER B : Wesco Insurance Company	
	INSURER C : Trisura Specialty Insurance Company	
	INSURER D :	
	INSURER E :	

COVERAGES **CERTIFICATE NUMBER:** 880860125 **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
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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 OTHER:			CIUCAP401252-00	5/4/2022	5/4/2023	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 HIRED/NON OWNED AUTO \$ 1,000,000
	AUTOMOBILE LIABILITY <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) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7445833	5/4/2022	5/4/2023	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WVC3584639	5/4/2022	5/4/2023	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	DIRECTORS & OFFICERS CRIME/ FIDELITY			CIUCAP401252-00 CIUCAP401252-00	5/4/2022 5/4/2022	5/4/2023 5/4/2023	LIMIT: \$1,000,000 DED: \$1,000 LIMITS: \$ 500,000 DED: \$2,000

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

LOCATION INSURED: 365 EAST BEACH BLVD GULF SHORES AL 36542

ONE BUILDING; 19 STORIES; 143 UNITS TOTAL; RESIDENTIAL CONDOMINIUM ASSOCIATION

GENERAL LIABILITY POLICY INCLUDES SEPARATION OF INSURED;
 FIDELITY POLICY INCLUDES PROPERTY MANAGEMENT COMPANY
 10 DAY NOTICE OF CANCELLATION

AS RESPECTS: UNIT OWNER NAME AND UNIT#

CERTIFICATE HOLDER

CANCELLATION

FOR ASSOCIATION USE ONLY
 PLEASE CALL 251-967-3323 IF
 YOU NEED EVIDENCE OF INSURANCE
 FOR YOUR MORTGAGE COMPANY

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

James P. White Jr.

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Policy Number:69615415532021

ASSURANT® American Bankers Insurance Company of Florida

FLOOD POLICY DECLARATIONS

Scottsdale, AZ 85261-4337

Standard Policy



Type: Renewal

Policy Period: 09/16/2021 To 09/16/2022

Original New Business Effective Date: 09/09/2006

Reinstatement Date:

Form: RCBAP

For payment status, call: (800) 423-4403

These Declarations are effective as of: 09/16/2021 at 12:01 AM

010101

Address Info

Producer Name and Mailing Address:

WHITEHAVEN INSURANCE SVCS LLC
PO BOX 378
GULF SHORES, AL 36547-0378

Insured Name and Mailing Address:

SAN CARLOS CONDOMINIUM OWNERS
PO BOX 3813
GULF SHORES, AL 36547-3813

NFIP Policy Number: 1961541553

Agent/Agency #: 70001-02856-000

Reference #:

Phone #: (251)967-3323

NAIC Number: 10111

Processed by:

Flood Service Center
P.O. Box 8695 Kalispell MT 59904-8695

Property Info

Property Location:

365 E BEACH BLVD
GULF SHORES, AL 36542-6521

Building Description:

Other Residential
Three or More Floors
Elevated With Enclosure
High Rise
Main House
Not Provided

Primary Residence: N

Premium Payor: Insured

Flood Risk/Rated Zone: AE Current Zone: AE

Community Number: 01 5005 1081 L

Community Name: GULF SHORES, CITY OF

Grandfathered: Yes

Post-Firm Construction

Program Type: Regular

Newly Mapped into SFHA:

Elev Diff: 1

Elevated Building: Y

No Addition(s) and Extension(s)

Replacement Cost: \$48,632,063

Number of Units: 143

Coverage & Rating

Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
Building:	35,750,000	.560 / .064	1,250	13-	23,735.00	Premium Subtotal:	23,735.00
Contents:						Multiplier:	
Contents						ICC Premium:	8.00
Location:						CRS Discount:	2,374.00
THIS IS AN ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD FLOOD INSURANCE POLICY.						Reserve Fund Assmt:	3,846.00
						HFIAA Surcharge:	250.00
						Federal Policy Fee:	2,000.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
Coverage Limitations May Apply. See Your Policy Form for Details.						Total Premium Paid:	27,465.00

Mortgage Info

First Mortgage:

Loss Payee:

Second Mortgage:

Disaster Agency:

Refer to www.fema.gov/cost-of-flood for more information about the risk of flooding and how it impacts the cost of flood insurance.