



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/3/2023

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 Boyington PHONE (A/C No. Ext): 2519673323 E-MAIL ADDRESS: info@whitehaveninsurance.com	FAX (A/C, No): 251-967-3324
	INSURER(S) AFFORDING COVERAGE	
INSURED BOARDWALK CONDOMINIUM OWNERS ASSN, INC. PO BOX 2839 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:** 2000433569 **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:			CIUCAP401216-01	5/1/2023	5/1/2024	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 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 <input checked="" type="checkbox"/> RETENTION \$ 0			PPP7445617	5/1/2023	5/1/2024	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WWC3584638	5/1/2023	5/1/2024	<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			CIUCAP401216-01 CIUCAP401216-01	5/1/2023 5/1/2023	5/1/2024 5/1/2024	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)
 LOCATION INSURED: 409 EAST BEACH BLVD. GULF SHORES AL 36542
 1 BUILDING; 10 STORIES; 70 UNITS TOTAL; RESIDENTIAL CONDOMINIUM ASSOCIATION
 GENERAL LIABILITY POLICY INCLUDES SEPARATION OF INSURED; FIDELITY POLICY INCLUDES PROPERTY MANAGEMENT COMPANY
 AS RESPECTS: UNIT OWNER NAME AND UNIT #

CERTIFICATE HOLDER ***FOR ASSOCIATION USE ONLY*** PLEASE CALL 251-967-3323 IF YOU NEED EVIDENCE OF INSURANCE FOR YOUR MORTGAGE COMPANY	CANCELLATION 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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FEMA

WHITEHAVEN INSURANCE SERVICES LLC
2201 OYSTER BAY LN
GULF SHORES, AL 36542-4000

Agency Phone: (251) 967-3323

NFIP Policy Number: RL10805998
Company Policy Number: RL10805998
Agent: WHAVEN3654

Payor: INSURED
Policy Term: 06/05/2022 12:01 AM - 06/05/2023 12:01 AM
Policy Form: RCBAP

To report a claim visit or call us at: <https://my.nfipdirect.fema.gov>
(800) 767-4341

NEW FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS

BOARDWALK CONDO ASSN INC
PO BOX 2839
GULF SHORES, AL 36547-2839

INSURED NAME(S) AND MAILING ADDRESS

BOARDWALK CONDO ASSN INC
PO BOX 2839
GULF SHORES, AL 36547-2839

COMPANY MAILING ADDRESS

NFIP DIRECT
PO BOX 913111
DENVER, CO 80291-3111

INSURED PROPERTY LOCATION

409 E BEACH BLVD
GULF SHORES, AL 36542

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

RATING INFORMATION

BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING
NUMBER OF UNITS: 70 UNITS
PRIMARY RESIDENCE: NO
PROPERTY DESCRIPTION: ELEVATED WITH ENCLOSURE ON POSTS, PILES OR PIERS, 1 FLOOR(S)
PRIOR NFIP CLAIMS: 0 CLAIM(S)

REPLACEMENT COST VALUE: \$12,500,000
DATE OF CONSTRUCTION: 01/01/1985
CURRENT FLOOD ZONE: AE
FIRST FLOOR HEIGHT (FEET): 0.3
FIRST FLOOR HEIGHT 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:

RATE CATEGORY — RATING ENGINE

BUILDING: COVERAGE DEDUCTIBLE
\$12,500,000 \$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

BUILDING PREMIUM: \$214,359.00
CONTENTS PREMIUM: \$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM: \$75.00
MITIGATION DISCOUNT: (\$0.00)
COMMUNITY RATING SYSTEM REDUCTION: (\$7.00)
FULL RISK PREMIUM: \$214,427.00
ANNUAL INCREASE CAP DISCOUNT: (\$200,550.00)
STATUTORY DISCOUNTS: (\$0.00)
DISCOUNTED PREMIUM: \$13,877.00
RESERVE FUND ASSESSMENT: \$2,498.00
HFIAA SURCHARGE: \$250.00
FEDERAL POLICY FEE: \$1,640.00
PROBATION SURCHARGE: \$0.00
TOTAL ANNUAL PREMIUM: \$18,265.00

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: NFIP DIRECT

Insurer NAIC Number: 99999



File: 11046297

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