



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

5/17/2024

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Whitehaven Insurance Services, LLC 2201 OYSTER BAY LANE Gulf Shores, AL 36542	PHONE (A/C, No, Ext): 251-967-3323	COMPANY Frontline Insurance 0	
FAX (A/C, No): 251-967-3324	E-MAIL ADDRESS: info@whitehaveninsurance.com		
CODE: AGENCY CUSTOMER ID #: CRYSSHO-02	SUB CODE:		
INSURED Crystal Shores West Condominium Association, Inc. 931 West Beach Blvd Gulf Shores AL 36542	LOAN NUMBER	POLICY NUMBER 9606227187	
	EFFECTIVE DATE 05/01/2024	EXPIRATION DATE 05/01/2025	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:			

## PROPERTY INFORMATION

LOCATION/DESCRIPTION 931 WEST BEACH BLVD GULF SHORES, AL 36542 18 STORY FIRE RESISTIVE SUPERIOR BUILDING WITH 108 UNITS
COVERAGE INCLUDES "ALL IN" ENDORSEMENT (NO UPGRADES/BETTERMENTS) COVERAGE INCLUDES REPLACEMENT COST VALUATION COVERAGE INCLUDES ORDINANCE OR LAW: 10 DAY NOTICE OF CANCELLATION
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 EVIDENCE OF PROPERTY INSURANCE 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.

## COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
PROPERTY: SPECIAL FORM INCLUDING WIND/HAIL/WIND DRIVEN RAIN DEDUCTIBLE: \$100,000 ALL WIND/HAIL/WDR CONTENTS COVERAGE \$50,000 EQUIPMENT BREAKDOWN: TRAVELERS #3X451990	39,290,198	10,000 AOP
**FLOOD INSURANCE** SELECTIVE INSURANCE COMPANY; RCBAP POLICY#FLD5121467 EFF: 5/18/24 TO 5/18/25 CONTENTS TOTAL # OF UNITS 108; RCV \$42,886,178; FLOOD ZONE AE; PREMIUM \$43,523.00 **FLOOD AT NFIP MAXIMUM**	39,290,159 27,000,000 100,000	5,000 2,000 2,000

## REMARKS (Including Special Conditions)

**FOR ASSOCIATION USE CERT**
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## 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.

## ADDITIONAL INTEREST

NAME AND ADDRESS          **FOR ASSOCIATION USE CERT** PLEASE EMAIL INFO@WHITEHAVENINSURANCE.COM FOR EVIDENCE OF INSURANCE	<input checked="" type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED
	<input type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>	
	LOAN #			
	AUTHORIZED REPRESENTATIVE 			

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

Agency Phone: (251) 967-3323

NFIP Policy Number: 0005121467  
Company Policy Number: FLD5121467  
Agent: BRUCE WHITE

Payor: INSURED  
Policy Term: 05/18/2024 12:01 AM - 05/18/2025 12:01 AM  
Policy Form: RCBAP

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

**NEW FLOOD INSURANCE POLICY DECLARATIONS**  
NATIONAL FLOOD INSURANCE PROGRAM

**DELIVERY ADDRESS**

CRYSTAL SHORES WEST COA INC  
PO BOX 135  
GULF SHORES, AL 36547

**INSURED NAME(S) AND MAILING ADDRESS**

CRYSTAL SHORES WEST COA INC  
PO BOX 135  
GULF SHORES, AL 36547

**COMPANY MAILING ADDRESS**

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

**INSURED PROPERTY LOCATION**

931 W BEACH BLVD  
GULF SHORES, AL 36542-6369

**RATING INFORMATION**

**BUILDING OCCUPANCY:** RESIDENTIAL CONDOMINIUM BUILDING  
**NUMBER OF UNITS:** 108 UNITS  
**PRIMARY RESIDENCE:** NO  
**PROPERTY DESCRIPTION:** ELEVATED WITH ENCLOSURE ON POSTS, PILES OR PIERS, 14 FLOOR(S)  
**PRIOR NFIP CLAIMS:** 1 CLAIM(S)

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

**REPLACEMENT COST VALUE:** \$42,886,178.00  
**DATE OF CONSTRUCTION:** 04/06/2006

**CURRENT FLOOD ZONE:** AE  
**FIRST FLOOR HEIGHT (FEET):** 7.5  
**FIRST FLOOR HEIGHT METHOD:** ELEVATION CERTIFICATE

**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**

**BUILDING:** COVERAGE DEDUCTIBLE  
\$27,000,000 \$2,000  
**CONTENTS:** \$100,000 \$2,000

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](http://FloodSmart.gov/floodcosts).

**COMPONENTS OF TOTAL AMOUNT DUE**

**BUILDING PREMIUM:** \$51,960.00  
**CONTENTS PREMIUM:** \$604.00  
**INCREASED COST OF COMPLIANCE (ICC) PREMIUM:** \$75.00  
**MITIGATION DISCOUNT:** (\$0.00)  
**COMMUNITY RATING SYSTEM REDUCTION:** (\$0.00)  
**FULL RISK PREMIUM:** \$52,639.00  
**ANNUAL INCREASE CAP DISCOUNT:** (\$17,625.00)  
**STATUTORY DISCOUNTS:** (\$0.00)  
**DISCOUNTED PREMIUM:** \$35,014.00  
**RESERVE FUND ASSESSMENT:** \$6,303.00  
**HFIAA SURCHARGE:** \$250.00  
**FEDERAL POLICY FEE:** \$1,956.00  
**PROBATION SURCHARGE:** \$0.00  
**TOTAL ANNUAL PREMIUM:** \$43,523.00

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



Michael H. Lanza / Secretary



John Marchioni / Chairman, President & 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



File: 30444450

Page 1 of 1



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