



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/7/2025

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): 251-967-3323 E-MAIL ADDRESS: info@whitehaveninsurance.com FAX (A/C, No): 251-967-3324
INSURED Crystal Shores West Condominium Association, Inc. 931 West Beach Blvd Gulf Shores AL 36542	INSURER(S) AFFORDING COVERAGE INSURER A: CUMIS SPECIALTY INSURANCE COMPANY INSURER B: Midvale Indemnity Company INSURER C: WESCO INSURANCE COMPANY INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 1034443622**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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CIUCAP102498-01	5/1/2025	5/1/2026	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 HNOA \$ 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) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PRP-229824000-01	5/1/2025	5/1/2026	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A		WWC3781267	5/1/2025	5/1/2026	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	DIRECTORS & OFFICERS CRIME/FIDELITY			CIUCAP102498-01 CIUCAP102498-01	5/1/2025 5/1/2025	5/1/2026 5/1/2026	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)

931 West Beach Blvd Gulf Shores, AL 36542

CGL-Separation of Insureds in Included
D&O/CRIME-Property Management Co is Included
10 Day Notice of Cancellation
FOR ASSOCIATION USE CERT

CERTIFICATE HOLDER**CANCELLATION**

FOR ASSOCIATION USE CERT
PLEASE EMAIL INFO@WHITEHAVENINSURANCE.COM
FOR EVIDENCE OF INSURANCE

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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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

BUILDING DESCRIPTION: ENTIRE RESIDENTIAL CONDOMINIUM BUILDING

BUILDING DESCRIPTION DETAIL: N/A

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)

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

	COVERAGE	DEDUCTIBLE
BUILDING:	\$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.

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

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