



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

5/7/2025

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 Lloyds London
FAX (A/C, No): 251-967-3324	E-MAIL ADDRESS: info@whitehaveninsurance.com	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #: CRYSSHO-02		
INSURED Crystal Shores West Condominium Association, Inc. 931 West Beach Blvd Gulf Shores AL 36542	LOAN NUMBER	POLICY NUMBER 1225868
	EFFECTIVE DATE 05/01/2025	EXPIRATION DATE 05/01/2026
		<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;SEPARATION OF INSURED IS INCLUDED COVERAGE INCLUDES ORDINANCE OR LAW (A,B&C): 10 DAY NOTICE OF CANCELLATION/NO INFLATION GUARD-NOT AVAILABLE
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 *** SELECTIVE INSURANCE; 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\*\*

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

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](https://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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