

PCS INSURANCE GROUP INC
3315 HENDERSON BLVD SUITE 200
TAMPA, FL 33609

Agency Phone: (813) 868-1010

NFIP Policy Number: 0001741389
Company Policy Number: FLD1741389
Agent: SUSAN BAXLEY

Payor: INSURED
Policy Term: 12/08/2022 12:01 AM - 12/08/2023 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	INSURED NAME(S) AND MAILING ADDRESS
THE MOORINGS OF PINELLAS COUNTY CONDO ASSN INC. 24701 US HWY 19 N CLEARWATER, FL 33763	THE MOORINGS OF PINELLAS COUNTY CONDO ASSN INC. 24701 US HWY 19 N CLEARWATER, FL 33763

COMPANY MAILING ADDRESS	INSURED PROPERTY LOCATION
Selective Ins Co of the Southeast PO BOX 782747 PHILADELPHIA, PA 19178-2747	302 MOORINGS COVE DRIVE 302-316 MOORINGS COVE DRIVE TARPON SPRINGS, FL 34689-2682

RATING INFORMATION	BUILDING DESCRIPTION:	BUILDING DESCRIPTION DETAIL:
BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING NUMBER OF UNITS: 8 UNITS PRIMARY RESIDENCE: NO PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 2 FLOOR(S), FRAME CONSTRUCTION PRIOR NFIP CLAIMS: 0 CLAIM(S)	ENTIRE RESIDENTIAL CONDOMINIUM BUILDING	N/A

MORTGAGEE / ADDITIONAL INTEREST INFORMATION	REPLACEMENT COST VALUE:	DATE OF CONSTRUCTION:	CURRENT FLOOD ZONE:	FIRST FLOOR HEIGHT (FEET):	FIRST FLOOR HEIGHT METHOD:
FIRST MORTGAGEE:	\$919,000	01/01/1976	AE	0.3	FEMA DETERMINED
SECOND MORTGAGEE:					
ADDITIONAL INTEREST:					
DISASTER AGENCY:					

RATE CATEGORY — RATING ENGINE

	COVERAGE	DEDUCTIBLE
BUILDING:	\$919,000	\$5,000
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:	\$13,540.00
CONTENTS PREMIUM:	\$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$75.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$15.00)
FULL RISK PREMIUM:	\$13,600.00
ANNUAL INCREASE CAP DISCOUNT:	(\$4,708.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$8,892.00
RESERVE FUND ASSESSMENT:	\$1,601.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$376.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$11,119.00

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: 21451900

Page 1 of 1



DocID: 179433427

This page is intentionally left blank.

NOTICE OF INFORMATION PRACTICES (LONG FORM)

MISC-798 06 01

Your application or information you provide in connection with a claim is our major source of information. However, in order to evaluate your application for insurance, to service your policy or to process a claim, we may ask for additional information about you and any person who will be insured under this policy or who is the subject of the claim. This is sometimes necessary to make certain that the statements on your application are accurate or to process the claim. We may also need more details than you have already given us.

INFORMATION WE COLLECT

In connection with an application, the information that we may collect will enable us to make possible judgments about your character, habits, hobbies, finances, occupation, general reputation, health or other personal characteristics. In connection with a claim, the information we may collect will enable us to process the claim.

We may obtain this information from several sources. For example, we may contact any physician, clinic or hospital where any persons to be insured or making a claim have been treated. We may need information from your employer. But, before we ask for information from any of these sources, we will ask you to sign an authorization, which gives us permission to proceed, unless authorization is not required by law. We may get information by talking or writing to other insurance companies to which you applied for a policy or with which you have made a claim, members of your family, neighbors, friends, your insurance agent and others who know you. We may also obtain information from motor vehicle reports, court records, or photographs of the property you want insured or with regard to which you have made a claim.

CONSUMER REPORTS

It is common for an insurance company to order a report from an independent organization — a consumer reporting agency or an insurance-support organization — to verify and add to the information that you have given us. These reports are used to help us decide if you qualify for the insurance for which you have applied or to evaluate the claim you have made.

They may:

- _____ pertain to your mode of living, character, general reputation and personal characteristics such as health, job and finances.
- _____ contain information on your marital status, driving records, etc.
- _____ include information on the loss history of your property.
- _____ include information gathered by talking or writing to you or members of your family, neighbors, friends, your insurance agent and others who know you.
- _____ include information from motor vehicle reports, court records or photographs of your property and/or the property involved in the claim.

Upon your request, the consumer reporting agency or insurance-support organization will attempt to interview you in connection with any report it prepares. The information may be kept by the reporting organization and may later be given to others who use its services. It will be given only to the extent permitted by the Federal Fair Credit Reporting Act and your local state law, if any. Upon request and identification, the consumer reporting agency or insurance-support organization will provide you with a copy of the report.

DISCLOSURE OF INFORMATION

Information we collect about you will not be given to anyone without your consent, except when necessary to conduct our business. There are some disclosures which may be made without your prior authorization. These include:

- _____ Persons or organizations who need the information to perform a professional, business or insurance function for us, such as businesses that assist us with data processing or marketing.
- _____ Other insurance companies, agents, or consumer reporting agencies as it may be needed in connection with any application, policy or claim involving you.
- _____ Adjusters, appraisers, investigators and attorneys who need the information to investigate or settle a claim involving you.
- _____ An insurance-support organization which is established to collect information for the purpose of detecting and preventing insurance crimes or fraudulent claims.
- _____ A medical professional or institution to verify your insurance coverage or inform you of a medical condition of which you may not be aware.
- _____ Persons or organizations that conduct scientific research, including actuarial or underwriting studies.
- _____ Persons or organizations that will use the information for sales purposes, unless you indicate in writing to us that you do not want the information disclosed for this purpose.
- _____ Our affiliated companies for auditing our operations and for marketing an insurance product or service.

In addition, we may provide information to state insurance departments in connection with their regulatory authority and to other governmental or law enforcement authorities to protect our legal interests or in cases of suspected fraud or illegal activities.

YOUR INSURANCE POLICY FILES

Information we collect about you will be kept in our policy files. We may refer to this information if you file a claim for benefits under any policy you have with us or if you apply to us for a new policy. You have the right to know what kind of information we keep in our files about you, to have access to the information, and to receive a copy. There are some types of information; however, to which we are not required to give you access. This type of information is generally collected when we evaluate a claim or when the possibility of a lawsuit exists.

If you want information from your files, please contact us. There may be a nominal charge for copies of records. If you think your file contains incorrect information, notify us indicating what you believe is incorrect and your reasons. We will reinvestigate the matter and either correct our records or place a statement from you in our files explaining why you believe the information is incorrect. We will also notify persons or organizations to whom we previously disclosed the information of the change or your statement.

CONFIDENTIALITY AND SECURITY OF PERSONAL INFORMATION

We restrict access to personal information to those individuals who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with legal standards and ensure the confidentiality of personal information in accordance with our policy.

TREATMENT OF PERSONAL INFORMATION OF FORMER CUSTOMERS AND APPLICANTS

We adhere to this personal information privacy policy even when a customer relationship no longer exists. Disclosures about former applicants and customers may be made without prior authorization as permitted by law.

If you have any questions about our information practices, please contact us.