	SELE BE UNIC	-	TIVI	E			cy Number: Policy Number:	0001779368 FLD1779368 SUSAN BAXLE ^N	(
	PCS INSURANCE GROUP INC 3315 HENDERSON BLVD SUITE 200 TAMPA, FL 33609					Payor: Policy Term: Policy Form:		INSURED 12/08/2022 12:01 AM - 12/08/2023 12:01 AM RCBAP		
	Agency Phone: (813) 868-1010			0	To report visit or ca			https://customer.myselectiveflood.com (877) 348-0552		
			NEW F		SURANC		E PROGRAM	ARATION	IS	
DELIVERY ADDRESS							INSURED NAME(S) AND MAILING ADDRESS			
	THE MOORINGS OF PINELLAS COUNTY CONDOMINIUM ASSOCIATION, INC.						THE MOORINGS OF PINELLAS COUNTY CONDOMINIUM ASSOCIATION, INC. C/O AMERI-TECH COMMUNITY MGMT			
	C/O AMERI-TECH COMMUNITY MGMT						720 BROOKER CREEK BOULEVARD STE 206			
	720 BROOKER CREEK BOULEVARD STE 206						OLDSMAR, FL 34677			
	OLDSMAF				012 200					
COMPANY MAILING ADDRESS Selective Ins Co of the Southeast PO BOX 782747 PHILADELPHIA, PA 19178-2747						INSURED PROPERTY LOCATION 404-432 MOORINGS COVE DR BLDG 7 TARPON SPRINGS, FL 34689-2683				
							BUILDING DESCI BUILDING DESCI		ENTIRE RESIDENTIAL CONDOM	INIUM BUILDING
RATING INFOR										
BUILDING OCCUPANCY: NUMBER OF UNITS: PRIMARY RESIDENCE:		RESIDENTIAL CONDOMINIUM BUILDING 8 UNITS NO				DATE OF CONST	MENT COST VALUE: \$1,129,001 CONSTRUCTION: 01/01/1976			
PROPERTY DESCRIPTION: PRIOR NFIP CLAIMS:		SLAB ON GRADE (NON-ELEVATED), 2 FLOOR(S), MAS CONSTRUCTION 0 CLAIM(S)				SONRY		FLOOD ZONE: AE DR HEIGHT (FEET): 0.3 DR HEIGHT METHOD: FEMA DETERMINED		
MORTGAGEE /	ADDITIONAL IN	ITERE	ST INFORMAT	ION						
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/	Ά
RATE CATEGO	RY – RATING	ENG	INE							
	COVERAG		DUCTIBLE						TS OF TOTAL AMO	DUNT DUE
BUILDING: CONTENTS:	\$1,130,00 N//		\$5,000						BUILDING PREMIUM:	\$16,639.00
COVERAGE LIM	ITATIONS MAY	I/A N/A Y APPLY. SEE YOUR POLICY FORM FOR DETAIL e for accuracy. If any changes are needed, contact you					INCREASED (COST OF COMPL	CONTENTS PREMIUM: ANCE (ICC) PREMIUM:	\$0.00 \$75.00
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						MITIGATION DISCOUNT: (\$0.00) COMMUNITY RATING SYSTEM REDUCTION: (\$15.00)				
						FULL RISK PREMIUM: \$16,699.00				
FloodSmart.gov/flo	oodcosts.							EASE CAP DISCOUNT:	(\$5,793.00)	
							STATUTORY DISCOUNTS: (\$0.00) DISCOUNTED PREMIUM: \$10,906.00			
							RESERVE FUND ASSESSMENT: \$1,963.00			
								HFIAA SURCHARGE: \$250.00		
									FEDERAL POLICY FEE: BATION SURCHARGE:	\$376.00 \$0.00
									AL ANNUAL PREMIUM:	\$13,495.00
IN WITNESS WH	EREOF, I have sign	ed this p	policy below and ent	er in to this Insurance	Agreement					
the	attop				1 Mard					
Michael H. Lanza		e Stan	dard Flood Insura	John Mar Ince Policy Form cor	chioni / Chairman, I nstitutes your floo		olicy.	Zero Balan	ce Due - This Is No	ot A Bill

Policy issued by: Selective Ins Co of the Southeast

File: 21456731

Page 1 of 1

Insurer NAIC Number:

39926

DocID: 179600841

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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.