FRANKLIN HAMILTON INSURANCE INC 1690 S CONGRESS AVE STE 205A DELRAY BEACH, FL 33445

Agency Phone: (561) 475-1258

NFIP Policy Number:

Company Policy Number: 0000152099

Agent:

0000152099

FRANKLIN HAMILTON INSURANCE INC

MAY 0 3 2024

Payor:

INSURED

04/30/2024 12:01 AM - 04/30/2025 12:01 AM

RCBAP

To report a claim visit or call us at:

Policy Term:

Policy Form:

https://Nationalgeneral.manageflood.com

(888) 598-0296

RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS

STEEPLECHASE CONDOMINIUM ASSOCIATION C/O CAMBRIDGE MANAGEMENT OF SWFL 2335 TAMIAMI TRAIL N. ST#402 NAPLES, FL 34103

INSURED NAME(S) AND MAILING ADDRESS

STEEPLECHASE CONDOMINIUM ASSOCIATION C/O CAMBRIDGE MANAGEMENT OF SWFL 2335 TAMIAMI TRAIL N. ST#402

NAPLES, FL 34103

COMPANY MAILING ADDRESS

IMPERIAL FIRE & CASUALTY INSURANCE COMPANY

PO BOX 912063

0429

2D83MA63LQ08

/003

DENVER, CO 80291-2063

INSURED PROPERTY LOCATION

NAPLES, FL 34112-5383

RATING INFORMATION

BUILDING OCCUPANCY:

RESIDENTIAL CONDOMINIUM BUILDING

NUMBER OF UNITS: PRIMARY RESIDENCE: 8 UNITS

PROPERTY DESCRIPTION:

SLAB ON GRADE (NON-ELEVATED), 2 FLOOR(S), MASONRY

CONSTRUCTION

PRIOR NFIP CLAIMS:

0 CLAIM(S)

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE:

SECOND MORTGAGEE:

ADDITIONAL INTEREST:

DISASTER AGENCY:

RATE CATEGORY - RATING ENGINE

COVERAGE DEDUCTIBLE **BUILDING:** \$2,000,000

CONTENTS:

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.

N/A

\$5,000

2819 AINTREE LN BLDG D

BUILDING DESCRIPTION:

ENTIRE RESIDENTIAL CONDOMINIUM BUILDING

BUILDING DESCRIPTION DETAIL:

REPLACEMENT COST VALUE:

DATE OF CONSTRUCTION:

\$2,964,848,00 12/12/2012

CURRENT FLOOD ZONE: FIRST FLOOR HEIGHT (FEET):

ΑE 0.0

FIRST FLOOR HEIGHT METHOD:

ELEVATION CERTIFICATE

LOAN NO: N/A

LOAN NO: N/A

LOAN NO: N/A

CASE NO: N/A

DISASTER AGENCY: N/A

COMPONENTS OF TOTAL AMOUNT DUE \$19,002.00

BUILDING PREMIUM:

CONTENTS PREMIUM:

\$0.00 INCREASED COST OF COMPLIANCE (ICC) PREMIUM; \$75.00

MITIGATION DISCOUNT:

(\$0.00)

COMMUNITY RATING SYSTEM REDUCTION:

(\$4,721.00)

FULL RISK PREMIUM:

\$14,356.00

ANNUAL INCREASE CAP DISCOUNT:

(\$8,739.00)

STATUTORY DISCOUNTS:

(\$0.00)

DISCOUNTED PREMIUM:

\$5,617.00 \$1.011.00

RESERVE FUND ASSESSMENT:

HFIAA SURCHARGE:

FEDERAL POLICY FEE:

\$250.00 \$376.00

PROBATION SURCHARGE: TOTAL ANNUAL PREMIUM:

\$0.00 \$7,254,00

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

Christine DeBiase / Secretary

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

Insurer NAIC Number:

Zero Balance Due - This Is Not A Bill

44369

File: 30373368

Policy issued by: IMPERIAL FIRE & CASUALTY INSURANCE COMPANY

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