DATE 02/12/2024

| 19 West Garden Street, Suite 300 | GL - Southern Owners Insurance | | | | | | |
|--|---|--|-----------------------------|--|--|--|--|
| Pensacola, FL 32502 | Crime - Great Ame | Crime - Great American Insurance Company | | | | | |
| Fax: (850) 438-4678 | Umbrella - Midvale Indemnity Company | | | | | | |
| CODE: SUB GÓDE: AGENCY CUSTOMER ID#: | Ebood - Wright Na | tional Flood | | | | | |
| CUSTOMER ID#: | LOAN NUMBER | POLICY NUMBER | | | | | |
| Villas of St. Thomas IV, Condominium Assoc., Inc. | N/A | | | | | | |
| c/o . | EFFECTIVE DATE | EXPIRATION DATI | CONTINUED UNTIL | | | | |
| 8730 Thomas Drive | 1/14/2024 | 1/14/2025 | TERMINATED IF CHECKED | | | | |
| Panama City Beach, FL 32408 | THIS REPLACES PRIOR EVID | ENCE DATED: | | | | | |
| PROPERTY INFORMATION | | | | | | | |
| PROPERTY INFORMATION LOCATION/DESCRIPTION | | | | | | | |
| , , , Proof of Property, GL, Crime, Umbrella & Flood - 8730 Thomas Drive Panama City Beach FL 32408 - 13 units | | | | | | | |
| COVERAGE INFORMATION | | | | | | | |
| COVERAGE/PERILS/FORMS | | AM | OUNT OF INSURANCE DEDUCTIBL | | | | |
| Property Including Equipment Breakdown EXCLUDING Wind 011 | 03282200 1/14/24 - | 1/14/25 \$1, | 571,296 \$10,000 | | | | |
| General Liability: 78288558 12/31/2023 - 12/31/2024 | | \$1 | 000,000 \$0 | | | | |
| | General Liability: 78288558 12/31/2023 - 12/31/2024 | | | | | | |
| | | 36 U. | | | | | |
| Umbrella Liability: PRP229824000001373869 12/31/2023 - 12 | /31/2024 | \$5, | 000,000 \$0 | | | | |
| 10 Ordor | $\gamma \sim \sqrt{2}$ | | | | | | |
| Crime (Fidelity): SSA39256747846105) 12/81/2023 + 12/81/202 | f el Wa | | \$2,500 | | | | |
| Flood: 091150241795 3/3/2023 to 3/3/2024 | \bigcirc | \$2, | 217,000 \$1,250 | | | | |
| (Cartification) | | RUULA | | | | | |
| | | | | | | | |
| REMARKS (Including Special Conditions) | | | | | | | |
| Wind coverage written with a separate Company through anoth | ner Agency. Please | contact Assoc | iation for information. | | | | |
| Coverage afforded applies to the building only and not to t | the contents of the | unit. | | | | | |
| Property Deductibles: AOP \$10,000, \$25,000 per condo unit | for loss due to wa | ter damage | | | | | |
| Buildings are insured on a Replacement Cost basis subject t | to the terms and co | ndition of the | policy. | | | | |
| Ordinance or Law Coverage and Equipment Breakdown are incl | ıded | | | | | | |
| | | | | | | | |
| CANCELLATION | | | | | | | |
| CANCELLATION THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND | RIII ES IN EFFECT I | OR FACH POI | ICY PERIOD SHOULD THE | | | | |
| POLICY BE TERMINATED, THE COMPANY WILL GIVE THE AL | | | | | | | |
| WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT | | | | | | | |
| INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW. | | | | | | | |
| ADDITIONAL INTEREST | | | | | | | |
| *** For Information Only *** | MORTGAGEE | ADDITIONAL INSU | | | | | |
| Visit www.edidirect.com | LOSS PAYEE | X Før infomát | TOIL OILTAN | | | | |
| to order a valid certificate of Insurance, | WALL GUL | | | | | | |
| Loan Number: N/A | AUTHORIZED REPRESENTATI | VE | | | | | |
| | | | | | | | |
| A COPP 07 (9/90) | | | @ 4.00DD 00DD0014E10*** | | | | |
| ACORD 27 (3/93) | | | © ACORD CORPORATION 1 | | | | |

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE

COMPANY

Property - Lexington Insurance Company

ACORD, EVIDENCE OF PROPERTY INSURANCE

RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

PRODUCER

Fisher Brown Bottrell

PHONE (A/C, No, Ext): (850) 432-7474



A Stock Company P.O. Box 33003 St. Petersburg, FL 33733-8003 Customer Service: 1-800-820-3242 Claims: 1-800-725-9472

FFL99.001 1021 0082748 2/16/23 2000 11523 FLD RCBP

National Flood Insurance Policy

| FLOOD DECLARATIONS PAGE |
|-------------------------|
| RENEWAL |

| Policy Number | NFIP Policy Number | Product Type: |
|------------------|--------------------|--|
| 09 1150241795 13 | 1150241795 | Residential Condominium Building Policy Form |

| Policy Period | Date of Issue | Agent Code | Prior Policy Number |
|--|---------------|------------|---------------------|
| From: 3/03/23 To: 3/03/24 12:01 am Standard Time | 02/16/2023 | 0082748 | 1150241795 |

Insured
VILLAS OF ST THOMAS IV
CONDOMINIUM ASSOCIATION INC
8730 THOMAS DR
PANAMA CITY BEACH FL 32408-4766

FISHER-BROWN INC 19 W GARDEN ST STE 300 PENSACOLA FL 32502-5650

HCRAVER@FBBINS.COM

Property Location (if other than above) 8730 THOMAS DR, PANAMA CITY BEACH FL 32408

Address may have been changed in accordance with USPS standards.

Rating Information

Rate Category: Rating Engine

Primary Residence: N

Building Occupancy: Residential Condominium Building

Building Description: Entire Residential Condo Building

Property Description: Slab on Grade, 3 floors

Flood Risk: AE

First Floor Height: .5 ft

Method Used to Determine First Floor Height: Elevation Certificate

Date of Construction: 03/03/1984

Prior NFIP Claims: 0
Number of Units: 13

Replacement Cost Value: 2,216,732

| Coverage | | Deductible | Annual Premium |
|--------------------------|-------------------|------------------------------------|----------------|
| BUILDING | \$2,217,000 | \$1,250 | \$8,499.00 |
| CONTENTS NO CON | TENTS COVERAGE | INSURED DECLINED CONTENTS COVERAGE | \$0.00 |
| | | ICC Premium: | \$75.00 |
| Your property's NFIP flo | | Community Rating Discount: | \$2,095.00 |
| can affect your premium | | FULL RISK PREMIUM: | \$6,479.00 |
| contact your insurance | agent or company. | Statutory Discounts | |
| | | Annual Increased Cap Discount: | \$5,090.00 |
| | | DISCOUNTED PREMIUM: | \$1,389.00 |
| | | Reserve Fund Assessment: | \$250.00 |
| | | Federal Policy Service Fee: | \$611.00 |
| | | HFIÅA Surcharge: | \$250.00 |
| | | TOTAL WRITTEN PREMIUM AND FEES | \$2,500.00 |

THIS IS NOT A BILL

Premium Paid by: Insured

Forms and Endorsements:

FFL 99.310 0120 0120 WFL 99.416 1021 1021 FFL 99.117 1021 1021

This policy is issued by NAIC company 11523 Wright National Flood Insurance Company A stock company Copy Sent To: As indicated on back or additional pages, if any.



