



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY The Hilb Group of Florida		NAMED INSURED Sea Castle Condominium Association	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

COVERAGE CONTINUED:

Directors & Officers @ \$1,000,000 // Carrier: Great American // Policy #: EPP790747-01 // Eff: 7/7/2023-24

PROPERTY:

Basic Form Hazard @ Replacement Cost // Carrier: Citizens Property Insurance // Policy # 07573085 // Eff: 6/17/2023-24 // Total Insured Value \$18,348,000 // Coinsurance- Waived // \$5,000 AOP Deductible // Ordinance of Law & equipment Breakdown Coverage Excluded // Inflation guard Included // 104 Units.

Wind Only @ Replacement Cost // Carrier: Citizens Property Insurance // Policy # 07556916 // Eff: 6/17/2023-24 // Total Insured Value \$18,348,000 // Coinsurance- Waived // 5% Hurricane Deductible // 1% AOW Deductible // Ordinance of Law Coverage Excluded // Inflation Guard Included // 104 Units.

COVERAGE REMARKS:

Insurance provided as required by FL Statute 718.111. Master policy covers from drywall to the outside of the building. From the paint to the inside of the unit is each individual Owner's responsibility.

Per Florida Statute 627.4133, Notices of Cancellation shall be given 45 days prior to the Effective Date of the Cancellation, except, 10 day Notice of Cancellation for Non-payment of Premium.

Separation of Insureds:

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- b. Separately to each insured against whom claim is made or "suit" is brought.

Flood Coverage:

Carrier: Selective Flood // Policy #: FLD3198093 // Building Limit: \$21,964,000 // Deductible: \$2,000 // Eff: 3/26/24-25 // Flood Zone: AE // Replacement Cost // 104 Units

THE HILB GROUP OF FLORIDA, LLC DBA E/G OF FLORIDA DBA ICFF
28100 US HWY 19 N, SUITE 201
CLEARWATER, FL 33761

Agency Phone: (727) 446-5721

NFIP Policy Number: 0003198093
Company Policy Number: FLD3198093
Agent: ALL LINES INSURANCE GROUP

Payor: INSURED
Policy Term: 03/26/2024 12:01 AM - 03/26/2025 12:01 AM
Policy Form: RCBAP

To report a claim visit or call us at: <https://customer.myselectiveflood.com>
(877) 348-0552

RENEWAL FLOOD INSURANCE POLICY DECLARATIONS
NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS

THE CASTLE COUNCIL INC DBA SEA CASTLE
4939 FLORAMAR TER
NEW PORT RICHEY, FL 34652-3355

INSURED NAME(S) AND MAILING ADDRESS

THE CASTLE COUNCIL INC DBA SEA CASTLE
4939 FLORAMAR TER
NEW PORT RICHEY, FL 34652-3355

COMPANY MAILING ADDRESS

Selective Ins Co of the Southeast
PO BOX 782747
PHILADELPHIA, PA 19178-2747

INSURED PROPERTY LOCATION

4939 FLORAMAR TER
NEW PORT RICHEY, FL 34652-3355

RATING INFORMATION

BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING
NUMBER OF UNITS: 104 UNITS
PRIMARY RESIDENCE: NO
PROPERTY DESCRIPTION: ELEVATED WITH ENCLOSURE ON POSTS, PILES OR PIERS, 9 FLOOR(S)
PRIOR NFIP CLAIMS: 0 CLAIM(S)

BUILDING DESCRIPTION: ENTIRE RESIDENTIAL CONDOMINIUM BUILDING
BUILDING DESCRIPTION DETAIL: N/A

REPLACEMENT COST VALUE: \$21,963,154.00
DATE OF CONSTRUCTION: 01/01/1972
CURRENT FLOOD ZONE: AE
FIRST FLOOR HEIGHT (FEET): 1.0
FIRST FLOOR HEIGHT METHOD: FEMA DETERMINED

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

BUILDING: COVERAGE DEDUCTIBLE
\$21,964,000 \$2,000
CONTENTS: \$50,000 \$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.

COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$35,478.00
CONTENTS PREMIUM:	\$483.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$75.00
MITIGATION DISCOUNT:	(\$1,788.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$6,811.00)
FULL RISK PREMIUM:	\$27,437.00
ANNUAL INCREASE CAP DISCOUNT:	(\$0.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$27,437.00
RESERVE FUND ASSESSMENT:	\$4,939.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$1,948.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$34,574.00

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: 30260445

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