

ASSURANT®

Policy Number: 69203158002018

FLOOD POLICY DECLARATIONS

American Bankers Insurance Company of Florida Scottsdale, AZ 85261-4337

Standard Policy

Type: Renewal

Policy Period: 10/03/2018 To 10/03/2019

Original New Business Effective Date: 10/01/1998

Reinstatement Date:

Form: RCBAP

For payment status, call: (800) 423-4403

These Declarations are effective as of: 10/03/2018 at 12:01 AM

Producer Name and Mailing Address: ROGER BOUCHARD INSURANCE INC

101 STARCREST DRIVE CLEARWATER, FL 33765 Insured Name and Mailing Address: BORDEAUX VILLAGE CONDOMINIUM

ASSOCIATION #1, INC 24701 US HIGHWAY 19 N STE 102 CLEARWATER, FL 33763-4086

NFIP Policy Number: 7020315800 Agent/Agency #: 70000-00297-001

Reference #:

Phone #: (727) 447-6481

NAIC Number: 10111

Processed by:

Flood Service Center

Building Description:

Other Residential

Two Floors Slab On Grade

Not Provided

Low Rise Main House

P.O. Box 8695 Kalispell MT 59904-8695

Property Location:

2497 HERON TER BLDG C CLEARWATER, FL 33762-3355

Primary Residence: N Premium Payor: Insured

Flood Risk/Rated Zone: A07 Current Zone: AE

Community Number: 12 5139 0000 B Community Name: PINELLAS COUNTY *

Grandfathered: Yes Post-Firm Construction Program Type: Regular Newly Mapped into SFHA:

Elev Diff:

Elevated Building: N

Includes Addition(s) and Extension(s)

Replacement Cost:

\$1,538,200

Number of Units:

Coverage & Rating

Address Info

Property Info

Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
Building:	1,538,200	1.430 / .090	5,000	782-	7,034.00	Premium Subtotal:	7,034.00
Contents:						Multiplier:	
Contents			-			ICC Premium:	6.00
Location:						CRS Discount:	1,760.00
Reserve Fund Assmt:							792.00
						HFIAA Surcharge:	250.00
					Federal Policy Fee:	400.00	
Probatic						Probation Surcharge:	00
						Endorsement Amount:	. 00
Coverage Limitations May Apply. See Your Policy Form for Details.						Total Premium Paid:	6,722.00

First Mortgage:

Second Mortgage:

Loss Payee:

Disaster Agency:

Mortgage Info