

American Bankers Insurance Company of Florida Scottsdale, AZ Renewal Flood Insurance Policy Declarations This Declarations Page is part of your Policy. Policy Term: 04/18/2025 (12:01 a.m.) to 04/18/2026 (12:01 a.m.)

NAIC: 10111

**Policy Number:** 5005174056

Named Insured and Mailing Address: BAYPOINT VILLAS INC

24701 US HIGHWAY 19 N STE 102 CLEARWATER, FL 33763-4086 First Mortgagee / Lender Name:

Second Mortgagee / Lender Name:

Loan Number:

Producer Number: 70001-01554-001

**Premium Payor:** INSURED

**Property Location:** 

UNITS 1-4 9485 HAMLIN BLVD SEMINOLE, FL 33776-1085

**For Service Please Contact:** 

Loan Number:

**Other / Loss Payee:** 

FOUNDATION RISK PARTNERS CORP DBA ACENTRIA INSURANCE 8200 113TH ST STE 201 SEMINOLE, FL 33772-4111 727-393-5000

Loan Number:

## LOCATION AND PROPERTY INFORMATION

Date of Construction:07/06/1998PrimaBuilding Occupancy:Residential Condo BuildingPriorMethod Used to Determine First Floor Height:FEMA determinedFirst IBuilding Description:Entire Residential Condo BuildingReplateProperty Description:SLAB ON GRADE, TWO FLOORS, MASONRY CONSTRUCTION

Number Of Units: 4 Primary Residence: No Prior NFIP Claims: 0 claim(s) First Floor Height: 0.25 ft Replacement Cost: \$ 1,292,200

RAGE AND PREMIUM INFORMATION		ION Rate Category: FEM	Rate Category: FEMA Rating Engi		
Coverage Type	Coverage Limit	Deductible		Premiun	
Building	\$ 1,000,000	\$ 5,000	\$	2,756.0	
Contents	<b>\$</b> 0	\$ O	\$	0.0	
		Increased Cost of Compliance:	\$	52.0	
		Community Rating System Discount:	\$	-1,045.0	
		Full Risk Premium Excluding Fees and Surcharges:	\$	1,763.0	
STATUTORY DISCOUNTS		\$	0.0		
		Discounted Premium:	\$	1,763.0	
FEES AND SURCHARGES Reserve Fund Assessment: Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge:			\$	317.0	
			\$	250.0	
		Federal Policy Fee:	\$	188.0	



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NAIC: 10111

**Policy Number:** 5005167985

Named Insured and Mailing Address:

BAY POINTE VILLAS 24701 US HIGHWAY 19 N STE 102 CLEARWATER, FL 33763-4086 First Mortgagee / Lender Name:

Second Mortgagee / Lender Name:

Loan Number:

Producer Number: 70001-01554-001

**Premium Payor:** INSURED

**Property Location:** 

UNIT 5 TO 8 9485 HAMLIN BLVD SEMINOLE, FL 33776-1085

Loan Number:

**Other / Loss Payee:** 

For Service Please Contact: FOUNDATION RISK PARTNERS CORP DBA ACENTRIA INSURANCE 8200 113TH ST STE 201 SEMINOLE, FL 33772-4111 727-393-5000

Loan Number:

## LOCATION AND PROPERTY INFORMATION

Date of Construction:12/07/1997PrBuilding Occupancy:Residential Condo BuildingPrMethod Used to Determine First Floor Height:FEMA determinedFBuilding Description:Entire Residential Condo BuildingRProperty Description:SLAB ON GRADE, TWO FLOORS, FRAME CONSTRUCTION

Number Of Units: 4 Primary Residence: No Prior NFIP Claims: 0 claim(s) First Floor Height: 0.25 ft Replacement Cost: \$ 911,000

RAGE AND PREMIUM INFORMATION		ON Rate Category: FEM	Rate Category: FEMA Rating Engine		
Coverage Type	Coverage Limit	Deductible		Premium	
Building	\$ 911,000	\$ 5,000	\$	2,309.00	
Contents	\$0	\$ 0	\$	0.00	
		Increased Cost of Compliance:	\$	44.00	
		Community Rating System Discount:	\$	-863.00	
		Full Risk Premium Excluding Fees and Surcharges:	\$	1,490.00	
STATUTORY DISCOUNTS			\$	0.00	
		Discounted Premium:	\$	1,490.00	
FEES AND SURCHARGES Reserve Fund Assessment: Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge:			\$	268.00	
			\$	250.00	
5		Federal Policy Fee:	\$	188.00	
TOTAL PREMI	UM, DISCOUNTS, H	FEES AND SURCHARGES PAID	\$	2,196.00	



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NAIC: 10111

**Policy Number:** 5400432208

Named Insured and Mailing Address:

BAYPOINT VILLAS INC 24701 US HIGHWAY 19 N STE 102 CLEARWATER, FL 33763-4086 First Mortgagee / Lender Name:

Second Mortgagee / Lender Name:

Loan Number:

Producer Number: 70001-01554-001

**Premium Payor:** INSURED

**Property Location:** 9420 COMMODORE DR SEMINOLE, FL 33776-1172

Loan Number:

**Other / Loss Payee:** 

For Service Please Contact: FOUNDATION RISK PARTNERS CORP DBA ACENTRIA INSURANCE 8200 113TH ST STE 201 SEMINOLE, FL 33772-4111 727-393-5000

Loan Number:

## LOCATION AND PROPERTY INFORMATION

Date of Construction: 11/18/1999 Building Occupancy: Residential Condo Building Method Used to Determine First Floor Height: Elevation Certificate Building Description: Entire Residential Condo Building Property Description: SLAB ON GRADE, ONE FLOOR Number Of Units: 1 Primary Residence: No Prior NFIP Claims: 0 claim(s) First Floor Height: 0.80 ft Replacement Cost: \$ 387,000

RAGE AND PREMIUM INFORMATION		ON Rate Category: FEM	Rate Category: FEMA Rating Engine		
Coverage Type	Coverage Limit	Deductible		Premium	
Building	\$ 250,000	\$ 5,000	\$	4,221.00	
Contents	\$0	\$ 0	\$	0.00	
		Increased Cost of Compliance:	\$	75.00	
		Community Rating System Discount:	\$	-1,641.00	
		Full Risk Premium Excluding Fees and Surcharges:	\$	2,655.00	
STATUTORY DISCOUNTS Annual Increase Cap Discount:		\$	-728.00		
		Discounted Premium:	\$	1,927.00	
FEES AND SURCHARGES Reserve Fund Assessment			\$	347.00	
	Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge:			250.00	
		Federal Policy Fee:	\$	47.00	
TOTAL PREMI	UM, DISCOUNTS, I	FEES AND SURCHARGES PAID	\$	2,571.00	



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NAIC: 10111

**Policy Number:** 5000161447

Named Insured and Mailing Address: BAYPOINT VILLAS INC

24701 US HIGHWAY 19 N STE 102 CLEARWATER, FL 33763-4086

Loan Number:

First Mortgagee / Lender Name:

Second Mortgagee / Lender Name:

Producer Number: 70001-01554-001

**Premium Payor:** INSURED

**Property Location:** 

14460 MARINA WAY SEMINOLE, FL 33776-1176 Loan Number:

**Other / Loss Payee:** 

For Service Please Contact: FOUNDATION RISK PARTNERS CORP DBA ACENTRIA INSURANCE 8200 113TH ST STE 201 SEMINOLE, FL 33772-4111 727-393-5000

Loan Number:

## LOCATION AND PROPERTY INFORMATION

Date of Construction: 02/28/1999 Building Occupancy: Residential Condo Building Method Used to Determine First Floor Height: Elevation Certificate Building Description: Entire Residential Condo Building Property Description: SLAB ON GRADE, TWO FLOORS Number Of Units: 14 Primary Residence: No Prior NFIP Claims: 0 claim(s) First Floor Height: 1.00 ft Replacement Cost: \$ 2,615,500

RAGE AND PREMIUM INFORMATION		Rate Category: FEMA Rating Engine			
Coverage Type Building Contents	Coverage Limit \$ 2,394,000 \$ 0	Deductible \$ 5,000 \$ 0		\$ \$	Premium 17,112.00 0.00
		Full Risk Pr	Increased Cost of Compliance: Community Rating System Discount: emium Excluding Fees and Surcharges:	\$ \$ \$	75.00 -6,798.00 10,389.00
STATUTORY D	ISCOUNTS		Discounted Premium:	\$ \$	0.00 10,389.00
FEES AND SURCHARGES Reserve Fund Assessment:   Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: Federal Policy Fee:			\$ \$ \$	1,870.00 250.00 658.00	
TOTAL PREMI	UM, DISCOUNTS, H	FEES AND SUR	CHARGES PAID	\$	13,167.00