Policy Number:99015386742017

FLOOD POLICY DECLARATIONS

American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337

Standard Policy Pre-FIRM Subsidized

Type: Renewal Policy Period: 01/01/2017 To 01/01/2018 Original New Business Effective Date: 01/01/2000 Reinstatement Date: Form: RCBAP

ASSURANT

Specialty

Property*

For payment status, call: (800) 423-4403 These Declarations are effective as of: 01/01/2017 at 12:01 AM

s Info	Producer Name and Mailing Address: ATLANTIC SMITH CROPPER AND DEELEY LLC PO BOX 770 WILLARDS, MD 21874-0770					Insured Name and Mailing Address: ORLEANS COURT CONDOMINIUM 18 41st St Unit 104 MANA-JIT Ocean City, MD 21842-3362			
Address Info	NFIP Policy Number: 0153867402 Agent/Agency #: 67535-00100-024 Reference #: Phone #: (410)835-2000					NAIC Number: 10111 Processed by: Flood Service Center P.O. Box 8695 Kalispell MT 59904-8695			
Property Info	Primary Premium Flood Ris Communi Grandfat Pre-Firm	ity Name: OCE	8 e: A06 Curre 24 5207 0003 F CAN CITY, TOWN 0	nt Zone:		Three or Ma Elevated W: High Rise Main House BLDG 1 Newly Map Elev Diff: ¹ Elevated B Includes Ac	Mapped into SFHA: iff: N/A ed Building: Y as Addition(s) and Extension(s) ement Cost: \$2,406,981 ar of Units: 30		
0000	Туре	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calcu	lation	
	Building:	2,489,100	1.120 / .300	2,000		8,902.00	Premium Subtotal:	8,902.00	
00	Contents:						Multiplier:		
tin	Contents	1		ICC Premium:	70.00				
Ra	Location:		CRS Discount:	1,346.00					
Se							Reserve Fund Assmt:	1,144.00	
00			HFIAA Surcharge:	250.00					
ers							Federal Policy Fee:	2,000.00	
Coverage & Rating			Probation Surcharge:	.00					
0							Endorsement Amount:	.00	
	Coverage 1	Limitations Ma	ay Apply. See Yo	our Policy I	Form for D	etails.	Total Premium Paid:	11,020.00	
	Coverage Limitations May Apply. See Your Policy Form for Details. First Mortgage: Loss Payer						Total Premium Paid:		

Second Mortgage:

Disaster Agency:

Mortgage

Policy Number:99015386732017

FLOOD POLICY DECLARATIONS

American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337

Standard Policy Pre-FIRM Subsidized

Type: Renewal Policy Period: 01/01/2017 To 01/01/2018 Original New Business Effective Date: 01/01/2000 **Reinstatement Date:** Form: RCBAP

Producer Name and Mailing Address: ATLANTIC SMITH CROPPER AND DEELEY LLC

NFIP Policy Number: 0153867302

Agent/Agency #: 67535-00100-024

For payment status, call: (800) 423-4403 These Declarations are effective as of: 01/01/2017 at 12:01 AM

Insured Name and Mailing Address: ORLEANS COURT CONDOMINIUM 18 41st St Unit 104 MANA-JIT

Ocean City, MD 21842-3362

NAIC Number: 10111

Processed by: Flood Service Center P.O. Box 8695 Kalispell MT 59904-8695

Building Description:

Other Residential Three or More Floors Elevated With Enclosure High Rise North Main House BLDG 2

Newly Mapped into SFHA: Elev Diff: N/A Elevated Building: Y

Includes Addition(s) and Extension(s)

Replacement Cost: \$1,955,591 Number of Units: 24

Туре	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
Building:	1,946,300	1.120 / .300	2,000		7,274.00	Premium Subtotal:	7,274.00
Contents:			1			Multiplier:	
Contents			-			ICC Premium:	70.00
Location:						CRS Discount:	1,102.00
			Reserve Fund Assmt:	936.00			
						HFIAA Surcharge:	250.00
						Federal Policy Fee:	2,000.00
						Probation Surcharge:	.00
					2	Endorsement Amount:	.00
Coverage I	Limitations Ma	ay Apply. See Yo	ur Policy I	Form for D	etails.	Total Premium Paid:	9,428.00

Current Zone:

First Mortgage:

Loss Payee:

Second Mortgage:

Disaster Agency:

Mortgage Info

ASSURANT

Address Info

Property Info

Specialty

Property*

PO BOX 770

Reference #:

WILLARDS, MD 21874-0770

Phone #: (410)835-2000

14001 COASTAL HWY BLDG 2 OCEAN CITY, MD 21842-8048

Primary Residence: N

Grandfathered: No Pre-Firm Construction

Program Type: Regular

Premium Payor: Insured Flood Risk/Rated Zone: A06

Community Number: 24 5207 0003 F

Community Name: OCEAN CITY, TOWN OF

Property Location:



Policy Number:99015386722017

FLOOD POLICY DECLARATIONS

American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337

Standard Policy Pre-FIRM Subsidized

Type: Renewal Policy Period: 01/01/2017 To 01/01/2018 Original New Business Effective Date: 01/01/2000 **Reinstatement Date:** Form: RCBAP

For payment status, call: (800) 423-4403 These Declarations are effective as of: 01/01/2017 at 12:01 AM

ent/Agency eference # none #: (4 coperty L coperty L con coast/ EAN CITY, cimary R cemium l cood Risk communit	10)835-2000 Cocation: AL HWY BLDG 3 MD 21842-804 esidence: N Payor: Insur /Rated Zone y Number: 2 y Name: OCE	0100-024 8 red e: A06 Curren 4 5207 0003 F			Building D Other Resid Three or Mo Elevated W: High Rise Main House BUILDING 3 Newly Mag	by: Ice Center 595 Kalispell MT 5990 escription: dential bre Floors ith Enclosure East ped into SFHA:	14-8695
cimary R cemium 1 ood Risk ommunit	AL HWY BLDG 3 MD 21842-804 esidence: N Payor: Insur (Rated Zone y Number: 2 y Name: OCE	8 red 2: A06 Curre 4 5207 0003 F			Other Resid Three or Mo Elevated W: High Rise Main House BUILDING 3 Newly Mag	escription: dential ore Floors ith Enclosure East pped into SFHA:	
Property Location: 14001 COASTAL HWY BLDG 3 OCEAN CITY, MD 21842-8048 Primary Residence: N Premium Payor: Insured Flood Risk/Rated Zone: A06 Current Zone: Community Number: 24 5207 0003 F Community Name: OCEAN CITY, TOWN OF Grandfathered: NO Pre-Firm Construction Program Type: Regular					Building Description: Other Residential Three or More Floors Elevated With Enclosure High Rise Main House		
					nt Sub Total Premium Calculation		
uilding:	2,489,100	1.120 / .300	2,000		8,902.00	Premium Subtotal:	8,902.00
ontents:						Multiplier:	
ontents						ICC Premium:	70.00
ocation:						CRS Discount:	1,346.00
						Reserve Fund Assmt:	1,144.00
						HFIAA Surcharge:	250.00
							2,000.00
			.00				
Courses Limitations May Apply See Your Policy Form for Datails							.00
Coverage Limitations May Apply. See Your Folicy Form for Details.						Total Premium Paid:	11,020.00
	Type ilding: ntents: ntents cation: verage L rst Mort	Type Coverage ilding: 2,489,100 ntents:	Type Coverage Rates ilding: 2,489,100 1.120 / .300 ntents:	Type Coverage Rates Deduct ilding: 2,489,100 1.120 / .300 2,000 ntents:	Type Coverage Rates Deduct Discount ilding: 2,489,100 1.120 / .300 2,000 intents:	Ogram Type: Regular Number of Type Coverage Rates Deduct Discount Sub Total ilding: 2,489,100 1.120 / .300 2,000 8,902.00 ntents:	Orgram Type: Regular Number of Units: 30 Type Coverage Rates Deduct Discount Sub Total Premium Calculation ilding: 2,489,100 1.120 / .300 2,000 8,902.00 Premium Subtotal: Image: Coverage intents: Image: Coverage Imag

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