



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/18/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Deeley Insurance Group LLC 7171 Bent Pine Road P.O. Box 770 Willards MD 21874	CONTACT NAME: Jamie Smith PHONE (A/C, No, Ext): (410) 213-5600 E-MAIL ADDRESS: jsmith@deeleyinsurance.com	FAX (A/C, No): (410) 835-2036
	INSURER(S) AFFORDING COVERAGE	
INSURED Thunder Island Condominium c/o Mana-Jit, Inc. 18 41st Street, Unit 104 Ocean City MD 21842-0000	INSURER A: Western World Insurance Co	
	INSURER B: Great Point Insurance	
	INSURER C: Pennsylvania Manufacturers' Assoc Ins	
	INSURER D:	
	INSURER E:	
INSURER F:		NAIC # 41424

COVERAGES**CERTIFICATE NUMBER:** 22-23 Master**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NPP8754046	11/18/2022	11/18/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included Hired & Non-Owned Auto \$ Included
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			NPP8754046	11/18/2022	11/18/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			0313-5686-2042915	11/18/2022	11/18/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	202201-11-27-78-6Y	11/18/2022	11/18/2023	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Borrower: John Doe; Loan #XXXXXXX
 Unit #XX; Location: 107 Convention Center Dr., Bldgs A-D, Ocean City, MD 21842

Please see attached comments page for additional insurance policy information and condominium association overview.

CERTIFICATE HOLDER**CANCELLATION**

For Informational Purposes Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ADDITIONAL REMARKS SCHEDULE

AGENCY Deeley Insurance Group LLC		NAMED INSURED Thunder Island Condominium	
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

CONDOMINIUM ASSOCIATION OVERVIEW

Condominium Master Policy coverage includes the buildings and units as originally built.

This is a single entity association. This Condominium Association has 175 units. The policy includes a Separation of Insureds clause.

PROPERTY: Arch Specialty Insurance
 Policy #: TBD
 Policy Term: 11/18/2022 – 11/18/2023

Building Limit A (30 units): \$5,710,885.71
 Building Limit B (75 units): \$14,277,214.29
 Building Limit C (30 units): \$5,710,885.71
 Building Limit D (40 units): \$7,614,514.29
 \$25,000 Business Personal Property
 \$10,000 Deductible except 1% Wind & Hail Deductible and \$25,000 Water Deductible

Ordinance & Law - Coverage A - Up to Building Limit; Coverage B & C - 20% of building value, with a max of \$500,000 per occurrence
 Inflation Guard: No
 Betterments & Improvements Coverage: No
 Cause of loss: Special Form
 Valuation: Replacement Cost
 Co-Insurance: Agreed Amount

Hazard policy is a replacement cost policy. Coverage is provided up to the building limit of the policy OR the replacement cost of the building whichever is lesser.

FLOOD: Selective Insurance Company of the Southeast
 Location: 107 Convention Center Dr. Bldg. A
 Policy Number: FLD1013767
 Policy Term: 04/12/2022 - 4/12/2023
 Building Limit: \$5,496,000; Deductible: \$1,250

FLOOD: Selective Insurance Company of the Southeast
 Location: 107 Convention Center Dr., Bldg. B
 Policy Number: FLD1013768
 Policy Term: 04/15/2022 - 4/15/2023
 Building Limit: \$12,485,000; Deductible: \$1,250

FLOOD: Selective Insurance Company of the Southeast
 Location: 107 Convention Center Dr. Bldg. C
 Policy Number: FLD1204204
 Policy Term: 04/12/2022 - 04/12/2023
 Building Limit: \$4,963,000; Deductible: \$1,250

FLOOD: Selective Insurance Company of the Southeast
 Location: 107 Convention Center Dr., Bldg. D
 Policy Number: FLD1013766
 Policy Term: 04/15/2022 - 4/15/2023
 Building Limit: \$6,421,000; Deductible: \$1,250

Coverage is written on a Residential Condominium Building Association Policy (RCBAP). Coverage is provided up to the building limit of the policy OR the replacement cost of the building whichever is lesser.

FIDELITY: Continental Casualty Company
 Policy #: 618987073
 Policy Term: 11/18/2022 – 11/18/2023
 Crime Limit: \$1,000,000; \$10,000 Deductible
 Property Manager is included as Additional Insured.

DIRECTORS & OFFICERS LIABILITY: Continental Casualty Company
 Policy #: 618987073
 Policy Term: 11/18/2022 – 11/18/2023
 Liability Limit: \$1,000,000; \$2,500 Deductible



ADDITIONAL REMARKS SCHEDULE

AGENCY Deeley Insurance Group LLC		NAMED INSURED Thunder Island Condominium	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

Property Manager is included as an Additional Insured for the General Liability policy.

10 days' notice on non-payment; 30 days' notice of cancellation

To obtain copies of insurance policies or if you require additional assistance, please send an email request to certificates@deeleyinsurance.com.

DEELEY INSURANCE GROUP LLC
PO BOX 770
WILLARDS, MD 21874-0770

Agency Phone: (410) 213-5600

NFIP Policy Number: FLD1013767
Company Policy Number: FLD1013767
Agent: DEELEY INSURANCE GROUP LLC

Payor: INSURED
Policy Term: 04/12/2022 12:01 AM - 04/12/2023 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	INSURED NAME(S) AND MAILING ADDRESS
THUNDER ISLAND CONDO ASSN / & THE UNIT OWNERS ATIMA C/O MANA-JIT, INC. 18 41ST STREET, UNIT 104 OCEAN CITY, MD 21842	THUNDER ISLAND CONDO ASSN / & THE UNIT OWNERS ATIMA C/O MANA-JIT, INC. 18 41ST STREET, UNIT 104 OCEAN CITY, MD 21842

COMPANY MAILING ADDRESS	INSURED PROPERTY LOCATION
Selective Ins Co of the Southeast PO BOX 782747 PHILADELPHIA, PA 19178-2747	107 CONVENTION CENTER DR BLDG A OCEAN CITY, MD 21842-5319

RATING INFORMATION	BUILDING DESCRIPTION:	BUILDING DESCRIPTION DETAIL:
BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING NUMBER OF UNITS: 30 UNITS PRIMARY RESIDENCE: NO PROPERTY DESCRIPTION: CRAWLSPACE (ELEVATED OR NON-ELEVATED SUBGRADE CRAWLSPACE), 5 FLOOR(S) PRIOR NFIP CLAIMS: 0 CLAIM(S)	ENTIRE RESIDENTIAL CONDOMINIUM BUILDING	N/A

MORTGAGEE / ADDITIONAL INTEREST INFORMATION	REPLACEMENT COST VALUE:	DATE OF CONSTRUCTION:	CURRENT FLOOD ZONE:	FIRST FLOOR HEIGHT (FEET):	FIRST FLOOR HEIGHT METHOD:
FIRST MORTGAGEE:	\$5,495,150	07/01/1984	AE	0.3	FEMA DETERMINED
SECOND MORTGAGEE:					
ADDITIONAL INTEREST:					
DISASTER AGENCY:					

RATE CATEGORY — RATING ENGINE

	COVERAGE	DEDUCTIBLE
BUILDING:	\$5,496,000	\$1,250
CONTENTS:	N/A	N/A

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.

Full Risk Premium is subject to change. Your property's NFIP flood claims history can affect your premium. For questions about your flood insurance policy rating, contact your agent or insurance company. To learn more about your flood risk, please visit FloodSmart.gov/floodcosts. Mitigation discounts apply if there are approved flood vents and/or machinery & equipment is elevated appropriately.

COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$13,551.00
CONTENTS PREMIUM:	\$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$75.00
MITIGATION DISCOUNT:	(\$665.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$2,560.00)
FULL RISK PREMIUM:	\$10,401.00
ANNUAL INCREASE CAP DISCOUNT:	(\$4,644.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$5,757.00
RESERVE FUND ASSESSMENT:	\$1,036.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$1,140.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$8,183.00

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: 18404600

Page 1 of 1



DocID: 153907840

DEELEY INSURANCE GROUP LLC
PO BOX 770
WILLARDS, MD 21874-0770

Agency Phone: (410) 213-5600

NFIP Policy Number: FLD1013768
Company Policy Number: FLD1013768
Agent: DEELEY INSURANCE GROUP LLC

Payor: INSURED
Policy Term: 04/15/2022 12:01 AM - 04/15/2023 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	INSURED NAME(S) AND MAILING ADDRESS
THUNDER ISLAND CONDO ASSN / & THE UNIT OWNERS ATIMA C/O MANA-JIT, INC. 18 41ST STREET OCEAN CITY, MD 21842	THUNDER ISLAND CONDO ASSN / & THE UNIT OWNERS ATIMA C/O MANA-JIT, INC. 18 41ST STREET OCEAN CITY, MD 21842

COMPANY MAILING ADDRESS	INSURED PROPERTY LOCATION
Selective Ins Co of the Southeast PO BOX 782747 PHILADELPHIA, PA 19178-2747	107 CONVENTION CENTER DR BLDG B OCEAN CITY, MD 21842

RATING INFORMATION	BUILDING DESCRIPTION:	BUILDING DESCRIPTION DETAIL:
BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING NUMBER OF UNITS: 75 UNITS PRIMARY RESIDENCE: NO PROPERTY DESCRIPTION: CRAWLSPACE (ELEVATED OR NON-ELEVATED SUBGRADE CRAWLSPACE), 5 FLOOR(S) PRIOR NFIP CLAIMS: 0 CLAIM(S)	ENTIRE RESIDENTIAL CONDOMINIUM BUILDING	N/A

MORTGAGEE / ADDITIONAL INTEREST INFORMATION	REPLACEMENT COST VALUE:	DATE OF CONSTRUCTION:	CURRENT FLOOD ZONE:	FIRST FLOOR HEIGHT (FEET):	FIRST FLOOR HEIGHT METHOD:
FIRST MORTGAGEE:	\$12,485,000	07/01/1984	X	-2.0	ELEVATION CERTIFICATE
SECOND MORTGAGEE:					
ADDITIONAL INTEREST:					
DISASTER AGENCY:					

RATE CATEGORY — RATING ENGINE

	COVERAGE	DEDUCTIBLE
BUILDING:	\$12,485,000	\$1,250
CONTENTS:	N/A	N/A

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.

Full Risk Premium is subject to change. Your property's NFIP flood claims history can affect your premium. For questions about your flood insurance policy rating, contact your agent or insurance company. To learn more about your flood risk, please visit FloodSmart.gov/floodcosts. Mitigation discounts apply if there are approved flood vents and/or machinery & equipment is elevated appropriately.

COMPONENTS OF TOTAL AMOUNT DUE	
BUILDING PREMIUM:	\$18,673.00
CONTENTS PREMIUM:	\$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$75.00
MITIGATION DISCOUNT:	(\$924.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$3,524.00)
FULL RISK PREMIUM:	\$14,300.00
ANNUAL INCREASE CAP DISCOUNT:	(\$6,153.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$8,147.00
RESERVE FUND ASSESSMENT:	\$1,466.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$1,690.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$11,553.00

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: 18404599

Page 1 of 1



DocID: 153907842

DEELEY INSURANCE GROUP LLC
PO BOX 770
WILLARDS, MD 21874-0770

Agency Phone: (410) 213-5600

NFIP Policy Number: FLD1204204
Company Policy Number: FLD1204204
Agent: DEELEY INSURANCE GROUP LLC

Payor: INSURED
Policy Term: 04/12/2022 12:01 AM - 04/12/2023 12:01 AM
Policy Form: RCBAP

To report a claim
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(877) 348-0552

RENEWAL FLOOD INSURANCE POLICY DECLARATIONS
NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS

THUNDER ISLAND CONDO ASSN / & THE UNIT OWNERS ATIMA
C/O MANA-JIT, INC.
18 41ST STREET, UNIT 104
OCEAN CITY, MD 21842

INSURED NAME(S) AND MAILING ADDRESS

THUNDER ISLAND CONDO ASSN / & THE UNIT OWNERS ATIMA
C/O MANA-JIT, INC.
18 41ST STREET, UNIT 104
OCEAN CITY, MD 21842

COMPANY MAILING ADDRESS

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

INSURED PROPERTY LOCATION

CONVENTION CENTER DR
BLDG C
OCEAN CITY, MD 21842

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

RATING INFORMATION

BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING
NUMBER OF UNITS: 30 UNITS
PRIMARY RESIDENCE: NO
PROPERTY DESCRIPTION: CRAWLSPACE (ELEVATED OR NON-ELEVATED SUBGRADE CRAWLSPACE), 5 FLOOR(S)
PRIOR NFIP CLAIMS: 0 CLAIM(S)

REPLACEMENT COST VALUE: \$5,409,000
DATE OF CONSTRUCTION: 07/01/1984

CURRENT FLOOD ZONE: X
FIRST FLOOR HEIGHT (FEET): -1.6
FIRST FLOOR HEIGHT METHOD: ELEVATION CERTIFICATE

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:

RATE CATEGORY — RATING ENGINE

	<u>COVERAGE</u>	<u>DEDUCTIBLE</u>
BUILDING:	\$4,963,000	\$1,250
CONTENTS:	N/A	N/A

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.

Full Risk Premium is subject to change. Your property's NFIP flood claims history can affect your premium. For questions about your flood insurance policy rating, contact your agent or insurance company. To learn more about your flood risk, please visit FloodSmart.gov/floodcosts. Mitigation discounts apply if there are approved flood vents and/or machinery & equipment is elevated appropriately.

COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$7,603.00
CONTENTS PREMIUM:	\$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$75.00
MITIGATION DISCOUNT:	(\$368.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$1,427.00)
FULL RISK PREMIUM:	\$5,883.00
ANNUAL INCREASE CAP DISCOUNT:	(\$1,420.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$4,463.00
RESERVE FUND ASSESSMENT:	\$803.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$1,140.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$6,656.00

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: 18404596

Page 1 of 1



DocID: 153907835

DEELEY INSURANCE GROUP LLC
PO BOX 770
WILLARDS, MD 21874-0770

Agency Phone: (410) 213-5600

NFIP Policy Number: FLD1013766
Company Policy Number: FLD1013766
Agent: DEELEY INSURANCE GROUP LLC

Payor: INSURED
Policy Term: 04/15/2022 12:01 AM - 04/15/2023 12:01 AM
Policy Form: RCBAP

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RENEWAL FLOOD INSURANCE POLICY DECLARATIONS
NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS

THUNDER ISLAND CONDO ASSN / & THE UNIT OWNERS ATIMA
C/O MANA-JIT, INC.
18 41ST STREET, UNIT 104
OCEAN CITY, MD 21842

INSURED NAME(S) AND MAILING ADDRESS

THUNDER ISLAND CONDO ASSN / & THE UNIT OWNERS ATIMA
C/O MANA-JIT, INC.
18 41ST STREET, UNIT 104
OCEAN CITY, MD 21842

COMPANY MAILING ADDRESS

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

INSURED PROPERTY LOCATION

CONVENTION CENTER DR
BLDG D
OCEAN CITY, MD 21842

RATING INFORMATION

BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING
NUMBER OF UNITS: 40 UNITS
PRIMARY RESIDENCE: NO
PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 5 FLOOR(S)
PRIOR NFIP CLAIMS: 0 CLAIM(S)

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

REPLACEMENT COST VALUE: \$6,998,000
DATE OF CONSTRUCTION: 07/01/1984

CURRENT FLOOD ZONE: X
FIRST FLOOR HEIGHT (FEET): 0.0
FIRST FLOOR HEIGHT METHOD: ELEVATION CERTIFICATE

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:

RATE CATEGORY — RATING ENGINE

BUILDING: COVERAGE DEDUCTIBLE
\$6,421,000 \$1,250
CONTENTS: N/A N/A

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.

Full Risk Premium is subject to change. Your property's NFIP flood claims history can affect your premium. For questions about your flood insurance policy rating, contact your agent or insurance company. To learn more about your flood risk, please visit FloodSmart.gov/floodcosts. Mitigation discounts apply if there are approved flood vents and/or machinery & equipment is elevated appropriately.

COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$5,553.00
CONTENTS PREMIUM:	\$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$75.00
MITIGATION DISCOUNT:	(\$266.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$1,037.00)
FULL RISK PREMIUM:	\$4,325.00
ANNUAL INCREASE CAP DISCOUNT:	(\$840.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$3,485.00
RESERVE FUND ASSESSMENT:	\$627.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$1,340.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$5,702.00

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: 18404597

Page 1 of 1



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