



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
12/08/2025

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.

PRODUCER RSC Insurance Brokerage, Inc. 1960 Pointe West Dr Suite 202 Vero Beach FL 32966	CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): (772) 567-1700 FAX (A/C, No): (772) 562-7100 E-MAIL ADDRESS: RSCcertrequest@risk-strategies.com PRODUCER CUSTOMER ID: 00415957														
INSURED Bouchelle Island XXI (21) COA, Inc. c/o Intracoastal Bookkeeping and Management, Inc. PO Box 1527 Ormond Beach FL 32175	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Lexington Insurance Company</td><td>19437</td></tr><tr><td>INSURER B: Selective Insurance Co of the Southeast</td><td>39926</td></tr><tr><td>INSURER C: Philadelphia Indemnity Insurance Co.</td><td>18058</td></tr><tr><td>INSURER D: StarNet Insurance Company</td><td>40045</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Lexington Insurance Company	19437	INSURER B: Selective Insurance Co of the Southeast	39926	INSURER C: Philadelphia Indemnity Insurance Co.	18058	INSURER D: StarNet Insurance Company	40045	INSURER E:		INSURER F:	
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COVERAGES **CERTIFICATE NUMBER:** CP259954911 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Bouchelle Island XXI (21) COA, Inc.
420 BOUCHELLE DRIVE, NEW SMYRNA BEACH, FL 32169 16 TOTAL UNITS

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY	WKFC-05541-02	03/31/2025	03/31/2026	<input checked="" type="checkbox"/> BUILDING	\$ 4,513,326
	CAUSES OF LOSS DEDUCTIBLES				<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC BUILDING 5,000				<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD CONTENTS				<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input checked="" type="checkbox"/> FLOOD 1,250				<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> Hurricane 3%					\$
B	<input checked="" type="checkbox"/> INLAND MARINE	TYPE OF POLICY COMMERCIAL FLOOD	09/23/2025	09/23/2026	<input checked="" type="checkbox"/> FLOOD LIMIT	\$ 4,000,000
	CAUSES OF LOSS				<input checked="" type="checkbox"/> FLOOD ZONE X	\$
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER FLD1324154				\$
						\$
C	<input checked="" type="checkbox"/> CRIME	PCAC004336-0719	03/31/2025	03/31/2026	<input checked="" type="checkbox"/> BOND	\$ 150,000
	TYPE OF POLICY Crime (Includes Burglary)					\$
						\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
D	Directors & Officers General Liability - See Below	QDO0003500-00	03/31/2025	03/31/2026	<input checked="" type="checkbox"/> D&O LIABILITY	\$ 1,000,000
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER For Information Only	CANCELLATION 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**

Page ____ of ____

AGENCY RSC Insurance Brokerage, Inc.		NAMED INSURED
POLICY NUMBER		
CARRIER	NAIC CODE	
EFFECTIVE DATE:		

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 24 **FORM TITLE:** Certificate of Property Insurance

C - GENERAL LIABILITY PHPK2673719-012 03.31.2025 - 03.31.2026 GENERAL AGGREG 2,000,000

SCHEDULE

**WIND CARRIER: CITIZENS / POLICY NUMBER: 09382746-3 / EFFECTIVE DATES: 03/31/2025-03/31/2026 / LIMIT OF INSURANCE:
SAME AS HAZARD ABOVE.REPLACEMENT COST - FULL VALUE PER APPRAISAL NOT OLDER THAN 36 MONTHS REQUIRED BY FLORIDA STATUTE
718.111

AGREED AMOUNT NOT AVAILABLE.

80% COINSURANCE CLAUSE APPLIES TO THIS POLICY

PROPERTY COINSURANCE IS A CONDITION OF THE POLICY. A PENALTY IMPOSED BY THE INSURANCE CARRIER IF THE
INSURED FAILS TO INSURE THE BULDING ACCORDINGLY.

EXAMPLE:

100% REPLACEMENT COST: \$1,000,000

CO-INSURANCE CLAUSE: 80%

THE MINIMUM LIMIT REQUIRED FROM THE CARRIER IS \$800,000 WHICH IS 80% OF \$1MIL

NOTE HOW THE BUILDING IS STILL INSURED AT 100% OF THE REPLACEMENT COST

INFLATION GUARD IS 2%

ORDINANCE & LAW COVERAGE A/B/C INCLUDED

BOILER & MACHINERY IS INCLUDED.

WAIVER OF RIGHTS OF RECOVERY INCLUDED.

GENERAL LIABILITY POLICY INCLUDES SEVERABILITY CLAUSE. / GENERAL LIABILITY PER OCCURRENCE LIMIT: \$1,000,000.

FIDELITY BOND COVERAGE INCLUDES MANAGEMENT COMPANY, EMPLOYEES, BOARD AND COMMITTEE MEMBERS WHO HAVE
ACCESS TO ASSOCIATION FUNDS.

HVAC SYSTEM IS COVERED UNDER THE PROPERTY POLICY. FLORIDA STATUTE 718.111.

BETTERMENTS & IMPROVEMENTS ARE NOT INCLUDED IN THE MASTER POLICY. MASTER POLICY COVERS FROM DRYWALL TO
THE OUTSIDE OF THE BUILDING. INDIVIDUAL OWNER IS RESPONSIBLE FOR THE PAINT TO THE INSIDE OF THE UNIT. - FLORIDA
STATUTE 718.111.NOTICES OF CANCELLATION, NONRENEWAL OR RENEWAL OF PREMIUM SHALL BE GIVEN 45 DAYS PRIOR TO THE
CANCELLATION DATE. EXCEPT, FOR NOTICES OF CANCELLATION FOR NON PAYMENT OF PREMIUM. FLORIDA STATUTE
627.4133.



RISK STRATEGIES COMPANY
PO BOX 818078
CLEVELAND, OH 44181

Agency Phone: (772) 567-1700

NFIP Policy Number: FLD1324154
Company Policy Number: FLD1324154
Agent: DAVID SIPEREK

Payor: INSURED
Policy Term: 09/23/2025 12:01 AM - 09/23/2026 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

BOUCHELLE ISLAND XXI (21) COA, INC. / & THE UNIT OWNERS ATIMA
C/O INTRACOASTAL BOOKKEEPING AND MGMT INC
PO BOX 1527
ORMOND BEACH, FL 32175

INSURED NAME(S) AND MAILING ADDRESS

BOUCHELLE ISLAND XXI (21) COA, INC. / & THE UNIT OWNERS ATIMA
C/O INTRACOASTAL BOOKKEEPING AND MGMT INC
PO BOX 1527
ORMOND BEACH, FL 32175

COMPANY MAILING ADDRESS

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

INSURED PROPERTY LOCATION

420 BOUCHELLE DR
NEW SMYRNA BEACH, FL 32169

RATING INFORMATION

BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING
NUMBER OF UNITS: 16 UNITS
PRIMARY RESIDENCE: NO
PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 4 FLOOR(S)
PRIOR NFIP CLAIMS: 0 CLAIM(S)

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

REPLACEMENT COST VALUE: \$6,084,890.00
DATE OF CONSTRUCTION: 08/27/2001

CURRENT FLOOD ZONE: X
FIRST FLOOR HEIGHT (FFH): 2.3 FEET
MOST FAVORABLE FFH 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: N/A

RATE CATEGORY — RATING ENGINE

BUILDING: **COVERAGE** **DEDUCTIBLE**
\$4,000,000 \$1,250
CONTENTS: N/A N/A
SEE POLICY FORM FOR INFORMATION ON COVERAGE LIMITATIONS AND COINSURANCE PENALTIES.
PLEASE REVIEW THIS DECLARATION PAGE. INACCURATE INFORMATION MAY LEAD TO CLAIM PROCESSING DELAYS.
QUESTIONS OR CHANGES NEEDED, PLEASE CONTACT YOUR AGENCY.

COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$9,049.00
CONTENTS PREMIUM:	\$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$75.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$2,233.00)
FULL RISK PREMIUM:	\$6,891.00
ANNUAL INCREASE CAP DISCOUNT:	(\$2,966.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$3,925.00
RESERVE FUND ASSESSMENT:	\$707.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$752.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$5,634.00

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: 32444232

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