





SMITH & ASSOCIATES INSURANCE AGENCY INC  
PO BOX 1578  
NEW SMYRNA BEACH, FL 32170

Agency Phone: (386) 409-8004

NFIP Policy Number: 0004974641  
Company Policy Number: FLD4974641  
Agent: AUTUMN SCARSELLA

Payor: INSURED  
Policy Term: 06/11/2026 12:01 AM - 06/11/2027 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
BOUCHELLE ISLAND XI CONDOMINIUM ASSN INC PO BOX 1527 ORMOND BEACH, FL 32175	BOUCHELLE ISLAND XI CONDOMINIUM ASSN INC PO BOX 1527 ORMOND BEACH, FL 32175

COMPANY MAILING ADDRESS	INSURED PROPERTY LOCATION
Selective Ins Co of the Southeast PO BOX 782747 PHILADELPHIA, PA 19178-2747	443 BOUCHELLE DR NEW SMYRNA BEACH, FL 32169-5440

RATING INFORMATION	BUILDING DESCRIPTION:
BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING	ENTIRE RESIDENTIAL CONDOMINIUM BUILDING
NUMBER OF UNITS: 15 UNITS	BUILDING DESCRIPTION DETAIL: N/A
PRIMARY RESIDENCE: NO	
PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 3 FLOOR(S)	
PRIOR NFIP CLAIMS: 0 CLAIM(S)	

MORTGAGEE / ADDITIONAL INTEREST INFORMATION	REPLACEMENT COST VALUE:	DATE OF CONSTRUCTION:	CURRENT FLOOD ZONE:	FIRST FLOOR HEIGHT (FFH):	MOST FAVORABLE FFH METHOD:
FIRST MORTGAGEE:	\$2,907,735.00	01/01/1994	X	0.6 FEET	ELEVATION CERTIFICATE
SECOND MORTGAGEE:					
ADDITIONAL INTEREST:					
DISASTER AGENCY:					

RATE CATEGORY — RATING ENGINE

	COVERAGE	DEDUCTIBLE
BUILDING:	\$2,908,000	\$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:	\$4,591.00
CONTENTS PREMIUM:	\$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$75.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$1,118.00)
FULL RISK PREMIUM:	<b>\$3,548.00</b>
ANNUAL INCREASE CAP DISCOUNT:	(\$0.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	<b>\$3,548.00</b>
RESERVE FUND ASSESSMENT:	\$639.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$705.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	<b>\$5,142.00</b>

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: 33438470

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