





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

Agency Phone: (386) 409-8004

NFIP Policy Number: 0003551947  
Company Policy Number: FLD3551947  
Agent: AUTUMN SCARSELLA

Payor: INSURED  
Policy Term: 03/02/2026 12:01 AM - 03/02/2027 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**

BOUCHELLE ISLAND XII CONDO ASSN INC  
PO BOX 1527  
ORMOND BEACH, FL 32175

**INSURED NAME(S) AND MAILING ADDRESS**

BOUCHELLE ISLAND XII CONDO ASSN 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**

436 BOUCHELLE DR  
NEW SMYRNA BEACH, FL 32169-5479

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

**RATING INFORMATION**

**BUILDING OCCUPANCY:** RESIDENTIAL CONDOMINIUM BUILDING  
**NUMBER OF UNITS:** 16 UNITS  
**PRIMARY RESIDENCE:** NO  
**PROPERTY DESCRIPTION:** SLAB ON GRADE (NON-ELEVATED), 3 FLOOR(S)  
**PRIOR NFIP CLAIMS:** 0 CLAIM(S)

**REPLACEMENT COST VALUE:** \$3,961,609.00  
**DATE OF CONSTRUCTION:** 01/01/1994  
**CURRENT FLOOD ZONE:** X  
**FIRST FLOOR HEIGHT (FFH):** 4.8 FEET  
**MOST FAVORABLE FFH METHOD:** FEMA DETERMINED

**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**

	<u>COVERAGE</u>	<u>DEDUCTIBLE</u>
<b>BUILDING:</b>	\$3,962,000	\$1,250
<b>CONTENTS:</b>	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**

<b>BUILDING PREMIUM:</b>	\$7,404.00
<b>CONTENTS PREMIUM:</b>	\$0.00
<b>INCREASED COST OF COMPLIANCE (ICC) PREMIUM:</b>	\$75.00
<b>MITIGATION DISCOUNT:</b>	(\$0.00)
<b>COMMUNITY RATING SYSTEM REDUCTION:</b>	(\$1,821.00)
<b>FULL RISK PREMIUM:</b>	<b>\$5,658.00</b>
<b>ANNUAL INCREASE CAP DISCOUNT:</b>	(\$2,086.00)
<b>STATUTORY DISCOUNTS:</b>	(\$0.00)
<b>DISCOUNTED PREMIUM:</b>	<b>\$3,572.00</b>
<b>RESERVE FUND ASSESSMENT:</b>	\$643.00
<b>HFIAA SURCHARGE:</b>	\$250.00
<b>FEDERAL POLICY FEE:</b>	\$752.00
<b>PROBATION SURCHARGE:</b>	\$0.00
<b>TOTAL ANNUAL PREMIUM:</b>	<b>\$5,217.00</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: 32898284

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DocID: 265754729

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

Agency Phone: (386) 409-8004

NFIP Policy Number: 0003621870  
Company Policy Number: FLD3621870  
Agent: AUTUMN SCARSELLA

Payor: INSURED  
Policy Term: 03/02/2026 12:01 AM - 03/02/2027 12:01 AM  
Policy Form: RCBAP

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NATIONAL FLOOD INSURANCE PROGRAM

**DELIVERY ADDRESS**

BOUCHELLE ISLAND XII CONDO ASSN INC  
C/O INTRACOASTAL BOOKKEEPING AND MGMT  
PO BOX 1527  
ORMOND BEACH, FL 32175

**INSURED NAME(S) AND MAILING ADDRESS**

BOUCHELLE ISLAND XII CONDO ASSN INC  
C/O INTRACOASTAL BOOKKEEPING AND MGMT  
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**

438 BOUCHELLE DR  
NEW SMYRNA BEACH, FL 32169-5445

**RATING INFORMATION**

**BUILDING OCCUPANCY:** RESIDENTIAL CONDOMINIUM BUILDING  
**NUMBER OF UNITS:** 16 UNITS  
**PRIMARY RESIDENCE:** NO  
**PROPERTY DESCRIPTION:** SLAB ON GRADE (NON-ELEVATED), 3 FLOOR(S)  
**PRIOR NFIP CLAIMS:** 0 CLAIM(S)

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

**REPLACEMENT COST VALUE:** \$3,961,609.00  
**DATE OF CONSTRUCTION:** 01/01/1994

**CURRENT FLOOD ZONE:** X  
**FIRST FLOOR HEIGHT (FFH):** 1.2 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  
\$3,962,000 \$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**

<b>BUILDING PREMIUM:</b>	\$8,908.00
<b>CONTENTS PREMIUM:</b>	\$0.00
<b>INCREASED COST OF COMPLIANCE (ICC) PREMIUM:</b>	\$75.00
<b>MITIGATION DISCOUNT:</b>	(\$0.00)
<b>COMMUNITY RATING SYSTEM REDUCTION:</b>	(\$2,198.00)
<b>FULL RISK PREMIUM:</b>	<b>\$6,785.00</b>
<b>ANNUAL INCREASE CAP DISCOUNT:</b>	(\$3,216.00)
<b>STATUTORY DISCOUNTS:</b>	(\$0.00)
<b>DISCOUNTED PREMIUM:</b>	<b>\$3,569.00</b>
<b>RESERVE FUND ASSESSMENT:</b>	\$642.00
<b>HFIAA SURCHARGE:</b>	\$250.00
<b>FEDERAL POLICY FEE:</b>	\$752.00
<b>PROBATION SURCHARGE:</b>	\$0.00
<b>TOTAL ANNUAL PREMIUM:</b>	<b>\$5,213.00</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

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Policy issued by: Selective Ins Co of the Southeast

Insurer NAIC Number: 39926



File: 32898300

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