







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

Agency Phone: (386) 409-8004

NFIP Policy Number: 0004995476  
Company Policy Number: FLD4995476  
Agent: AUTUMN SCARSELLA

Payor: INSURED  
Policy Term: 07/06/2026 12:01 AM - 07/06/2027 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 IX CONDOMINIUM ASSOCIATION INC  
PO BOX 1527  
ORMOND BEACH, FL 32175

### INSURED NAME(S) AND MAILING ADDRESS

BOUCHELLE ISLAND IX CONDOMINIUM ASSOCIATION 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

440 BOUCHELLE DR  
NEW SMYRNA BEACH, FL 32169-5453

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

### RATING INFORMATION

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

REPLACEMENT COST VALUE: \$2,907,735.00  
DATE OF CONSTRUCTION: 01/01/1992  
CURRENT FLOOD ZONE: X  
FIRST FLOOR HEIGHT (FFH): 1.0 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

**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:	\$7,652.00
CONTENTS PREMIUM:	\$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$75.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$1,883.00)
FULL RISK PREMIUM:	<b>\$5,844.00</b>
ANNUAL INCREASE CAP DISCOUNT:	(\$2,268.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	<b>\$3,576.00</b>
RESERVE FUND ASSESSMENT:	\$644.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$705.00
PROBATION SURCHARGE:	\$0.00
<b>TOTAL ANNUAL PREMIUM:</b>	<b>\$5,175.00</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: 33388224

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