



JUNE 20, 2025

EASTWOOD SHORES CONDO ASSN 1
24701 US HWY 19 N
CLEARWATER, FL 33763

Policy Number: 09-6820929701-00

Insured(s): EASTWOOD SHORES CONDO ASSN 1
Property Location: 2940 LICHEN LN BLDG 11
CLEARWATER, FL 33760-4544

Flood Insurance Policy Packet

This packet includes:

- **Your Flood Insurance Declarations Page**
- **A National Flood Insurance Program Summary of Coverage**
- **Claims Guidelines in Case of a Flood**

If you would like to electronically view or print a copy of the Standard Flood Insurance Policy, please visit <https://floodportal.manageflood.com>, click View Important Flood Documents link and select from the list of documents. Your consent to this policy delivery option is assumed, unless you contact us to request a mailed or e-mailed copy of the policy.

If you would like a copy of the Standard Flood Insurance Policy e-mailed or mailed to you, please contact our customer service team at 866-356-6335 or flood@bankersinsurance.com.

Important Information About The National Flood Insurance Program

Federal law requires insurance companies that participate in the National Flood Insurance Program to provide you with the enclosed Summary of Coverage. It's important to understand that the Summary of Coverage provides only a general overview of the coverage afforded under your policy. You will need to review your flood insurance policy, Declarations Page, and any applicable endorsements for a complete description of your coverage. The enclosed Declarations Page indicates the coverage you purchased, your policy limits and the amount of your deductible.

You will soon receive additional information about the National Flood Insurance Program. This information will include a Claims Handbook, a history of flood losses that have occurred on your property as contained in FEMA's data base, and an acknowledgement letter.

If you have any questions about your flood insurance policy, please contact your agent or your insurance company.

CLAIM GUIDELINES IN CASE OF A FLOOD

For the protection of you and your family, the following claim guidelines are provided by the National Flood Insurance Program (NFIP). If you are ever in doubt as to what action is needed, consult your insurance representative.

Insurance Agent: ROBERT MITCHELL

Agent's Phone Number: (727) 360-8190

- Notify us or your insurance agent, in writing, as soon as possible after the flood.
- Your claim will be assigned to an NFIP certified adjuster.
- Identify the claims adjuster assigned to your claim and contact him or her if you have not been contacted within 24 hours after you reported the claim to your insurance representative.
- As soon as possible, separate damaged property from undamaged property so that damage can be inspected and evaluated.
- To help the claims adjuster, take photographs of the outside of the premises showing the flooding and the damage and photographs of the inside of the premises showing the height of the water and the damaged property.
- Place all account books, financial records, receipts, and other loss verification material in a safe place for examination and evaluation by the claims adjuster.
- Work cooperatively with the claims adjuster to promptly determine and document all claim items. Be prepared to advise the claims adjuster of the cause and responsible party(ies) if the flooding resulted from other than natural cause.
- Make sure that the claims adjuster fully explains, and that you fully understand, all allowances and procedures for processing claim payments. This policy requires you to send us a signed and sworn-to, detailed proof of loss within 60 days after the loss.
- Any and all coverage problems and claim allowance restrictions must be communicated directly from the NFIP. Claims adjusters are not authorized to approve or deny claims; their job is to report to the NFIP on the elements of flood cause and damage.

At our option, we may accept an adjuster's report of the loss instead of your proof of loss. The adjuster's report will include information about your loss and the damages to your insured property.



MITCHELL INSURANCE SERVICES INC
6534 CENTRAL AVE
ST PETERSBURG, FL 33707-1330

JUNE 20, 2025

EASTWOOD SHORES CONDO ASSN 1
24701 US HWY 19 N
CLEARWATER, FL 33763

Prior Policy Number: 6820920291

New Policy Number: 6820929701

Dear Policyholder,

Your Flood Insurance Policy has been canceled and rewritten. Included with this notice is your new Declarations Page.

Your prior and new policy numbers are referenced at the top of this letter. If you have questions related to your flood insurance policy or need to report a claim, please use the new policy number as referenced above and as shown on the Declarations Page included with this letter.

If you have questions related to this change, please do not hesitate to contact your agent.

Sincerely,

FIRST COMMUNITY INSURANCE COMPANY

Flood Customer Service

cc ROBERT MITCHELL

Loan Number: N/A

Loan Number: N/A

N/A



MITCHELL INSURANCE SERVICES INC
6534 CENTRAL AVE
ST PETERSBURG, FL 33707-1330

Agency Phone: (727) 360-8190

NFIP Policy Number: 6820929701
Company Policy Number: 09-6820929701-00
Agent: ROBERT MITCHELL

Payor: INSURED
Policy Term: 05/25/2025 12:01 AM - 05/25/2026 12:01 AM
Policy Form: RCBAP

To report a claim
visit or call us at: <https://floodportal.manageflood.com>
(800) 765-9700

NEW FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS

EASTWOOD SHORES CONDO ASSN 1
24701 US HWY 19 N
CLEARWATER, FL 33763

INSURED NAME(S) AND MAILING ADDRESS

EASTWOOD SHORES CONDO ASSN 1
24701 US HWY 19 N
CLEARWATER, FL 33763

COMPANY MAILING ADDRESS

First Community Insurance Company
PO BOX 209888
DALLAS, TX 75320-9888

INSURED PROPERTY LOCATION

2940 LICHEN LN BLDG 11
CLEARWATER, FL 33760-4544

RATING INFORMATION

BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING
NUMBER OF UNITS: 4 UNITS
PRIMARY RESIDENCE: NO
PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 2 FLOOR(S), FRAME CONSTRUCTION
PRIOR NFIP CLAIMS: 0 CLAIM(S)

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

REPLACEMENT COST VALUE: \$842,672.00
DATE OF CONSTRUCTION: 01/01/1979

CURRENT FLOOD ZONE: AE
FIRST FLOOR HEIGHT (FEET): 1.0
FIRST FLOOR HEIGHT 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: \$843,000 \$5,000
CONTENTS: N/A N/A

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.
Please review this declaration page for accuracy. If any changes are needed, contact your agent.
Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit FloodSmart.gov/floodcosts.

COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$4,122.00
CONTENTS PREMIUM:	\$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$75.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$1,602.00)
FULL RISK PREMIUM:	\$2,595.00
ANNUAL INCREASE CAP DISCOUNT:	(\$0.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$2,595.00
RESERVE FUND ASSESSMENT:	\$467.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$188.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$3,500.00

In witness whereof, we, as officers of the stock Company declared on the Declarations Page, have cause this policy to be executed and attested. If required by state law, this policy shall not be valid unless countersigned by our authorized representative.

John A. Strong / Chairman & CEO

Richard Torra / General Counsel Corp. Sec.

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

Policy issued by: First Community Insurance Company

Insurer NAIC Number: 13990

Zero Balance Due - This Is Not A Bill



File: 32059885

Page 1 of 1



DocID: 256021092

Printed 06/20/2025

First Community Insurance Company

PO Box 33060

St. Petersburg, FL 33733

1-866-356-6335

PRIVACY STATEMENT

This Privacy Statement is provided by Bankers Financial Corporation and its subsidiary companies (collectively called "Bankers"): including but not limited to Bankers Insurance Group; Bankers Insurance Company; Bankers Life Insurance Company; First Community Insurance Company; Bankers Specialty Insurance Company, Bankers Underwriters of Texas, Inc.; Bankers Underwriters, Inc.; Bankers Credit Insurance Services, Inc.; Bankers Insurance Services, Inc.; G.D. Van Wagenen Financial Services, Inc.; Bonded Builders Home Warranty Association; Bonded Builders Insurance Services, Inc.; Bankers Surety Services, Inc.

To our Customers: As your insurance company, we recognize our obligation to keep information about you secure and confidential. Most of the information we use in evaluating your application and servicing your policy comes to us directly from you. In addition, we may collect nonpublic personal information from your application and from any of your transactions with Bankers or other companies. Depending on your insurance coverage, we may also collect information about you from third parties, such as other people proposed for coverage under your policy or the state Motor Vehicle Department concerning your driving report. We may also receive information about you from a consumer reporting agency.

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. In some cases this may mean information can be disclosed to third parties without your authorization; however, we maintain physical, electronic and procedural safeguards that comply with state and federal regulations to guard your nonpublic personal information. Information about you is given to those of our employees who need it in order to provide you with products, benefits or services.

You have the right to obtain access to certain information and the right to request correction of information you feel is inaccurate. A copy of our detailed privacy policy can be found on our website at www.bankersinsurance.com <<http://www.bankersinsurance.com>> .

To have a copy of our detailed privacy policy mailed to you or to access your information, write: Privacy Compliance, Bankers Insurance Group, PO Box 15707, St. Petersburg, FL 33733.

Important Notice:

In compliance with requirements of the Fair Credit Reporting Act (Public Law 91-508), Bankers advises that as part of our routine procedure for reviewing applications for certain types of insurance or renewals of certain policies, we may procure a consumer report including information as to the consumer's character, general reputation, personal characteristics or mode of living. If such insurance is for an individual and is primarily for personal, family or household purposes, such information may be obtained through personal interviews with neighbors, friends or others with whom the consumer is acquainted. Upon request to our company, in the manner as noted above, we will provide in writing a complete and accurate disclosure of the nature and scope of the consumer report requested or advise that no investigation was conducted.