



Policy Number: 87053776882018

FLOOD POLICY DECLARATIONS

ASSURANT® American Bankers Insurance Company of Florida
Scottsdale, AZ 85261-4337

Standard Policy

Type: Renewal

Policy Period: 05/14/2018 To 05/14/2019

Original New Business Effective Date: 05/14/2014

Reinstatement Date:

Form: RCBAP

For payment status, call: (800) 423-4403

These Declarations are effective
as of: 05/14/2018 at 12:01 AM

Address Info

Producer Name and Mailing Address:

INSURANCE OF THE SAN JUANS
1825 E MAIN ST STE B
MONTROSE, CO 81401-3848

Insured Name and Mailing Address:

WEST WILLOW HOA
& JARMIK PROPERTY MGT
PO BOX 3071
TELLURIDE, CO 81435-3071

NFIP Policy Number: 8705377688

Agent/Agency #: 0CHC46

Reference #: 70163-11729-000

Phone #: (970)252-6789

NAIC Number: 10111

Processed by:

Flood Service Center
P.O. Box 8695 Kalispell MT 59904-8695

Property Info

Property Location:

149 S TOMBOY ST BLDG W/4 UNITS
TELLURIDE, CO 81435

Building Description:

2-4 Family
Three or More Floors
Elevated With Enclosure
Low Rise
Main House
Building With 4 Units

Primary Residence: N

Premium Payor: Insured

Flood Risk/Rated Zone: AOB Current Zone:

Community Number: 08 0168 0287 D

Community Name: TELLURIDE, TOWN OF

Grandfathered: No

Post-Firm Construction

Program Type: Regular

Newly Mapped into SFHA:

Elev Diff: 0

Elevated Building: Y

Includes Addition(s) and Extension(s)

Replacement Cost: \$936,777

Number of Units: 3

Coverage & Rating

| Type | Coverage | Rates | Deduct | Discount | Sub Total | Premium Calculation | | |
|---|----------|-------------|--------|----------|-----------|---------------------|----------------------------|-----------------|
| Building: | 750,000 | .230 / .080 | 5,000 | 144 | 726.00 | Premium Subtotal: | 726.00 | |
| Contents: | | | | | | Multiplier: | | |
| Contents | | | | | | ICC Premium: | 6.00 | |
| Location: | | | | | | CRS Discount: | 110.00 | |
| THIS IS AN ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD FLOOD INSURANCE POLICY. | | | | | | | Reserve Fund Assmt: | 93.00 |
| | | | | | | | HFIAA Surcharge: | 250.00 |
| | | | | | | | Federal Policy Fee: | 150.00 |
| | | | | | | | Probation Surcharge: | .00 |
| | | | | | | | Endorsement Amount: | .00 |
| | | | | | | | Total Premium Paid: | 1,115.00 |

Coverage Limitations May Apply. See Your Policy Form for Details.

Mortgage Info

First Mortgage:

CITIMORTGAGE INC
ISAOA
PO BOX 7706
SPRINGFIELD, OH 45501-7706
Loan#: 1123443109

Loss Payee:

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Second Mortgage:

Disaster Agency: