EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 4/23/2026

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY
Whitehaven Insurance Services, LLC
2201 Oyster Bay Lane
Gulf Shores, 36542

PHONE (A/C, No, Ext): 2519673323

FAX (A/C, No): 251-967-3324

E-MAIL ADDRESS: info@whitehaveninsurance.com

CODE:

SUB CODE:

AGENCY CUSTOMER ID #: SEASCON-01

COMPANY
Endurance American Specialty
3333 New Hyde Park Rd STE 210
New Hyde Park, NY 11042

INSURED
SEASCAPE CONDOMINIUM OWNERS ASSN, INC.
P O Box 3415
Gulf Shores AL 36547

LOAN NUMBER
YOUR LOAN #

POLICY NUMBER
ESP30114298700

EFFECTIVE DATE	EXPIRATION DATE	
04/27/2026	04/27/2027	☐ CONTINUED UNTIL TERMINATED IF CHECKED

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION
LOCATION INSURED: 24649 CROSS LANE ORANGE BEACH AL 36561

1 BUILDING; 33 UNITS; RESIDENTIAL CONDOMINIUM ASSOCIATION
COVERAGE INCLUDES REPLACEMENT COST VALUATION; NO CO-INSURANCE CLAUSE
COVERAGE INCLUDES "ALL IN" ENDORSEMENT (NO UPGRADES); NO INFLATION GUARD (NO AVAILABLE)
COVERAGE INCLUDES ORDINANCE OR LAW ENDORSEMENT A,B&C
10 DAY NOTICE OF CANCELLATION

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
PROPERTY: SPECIAL FORM INCLUDING WIND/HAIL/WIND DRIVEN RAIN	6,281,574	10,000 AOP
DEDUCTIBLE: 2% NAMED STORM WIND/HAIL/WDR PER TIV ; $50,000 ALL OTHER WIND/HAIL		2%
EQUIPMENT BREAKDOWN: TRAVELERS INS CO.; POL# 7S98233-0	6,281,574	2,500
FLOODSELECTIVE INSURANCE; POLICY# FLD2331548; EFF 9/30/2025 to 9/30/2026	6,956,000	1,250
NUMBER OF UNITS 33; RCV $6,955,735 RCBAP; FLOOD ZONE "VE"; PREMIUM $15,048		

REMARKS (Including Special Conditions)

AS RESPECTS: UNIT OWNER NAME AND UNIT #

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS

FOR ASSOCIATION USE ONLY
PLEASE CALL 251-967-3323 IF
YOU NEED EVIDENCE OF INSURANCE
FOR YOUR MORTGAGE COMPANY,

☐ MORTGAGEE ☐ ADDITIONAL INSURED
☐ LOSS PAYEE ☐

LOAN #
YOUR LOAN #

AUTHORIZED REPRESENTATIVE
Bruce P. White Jr.

SELECTIVE
BE UNIQUELY INSURED®

WHITEHAVEN INSURANCE SERVICES
PO BOX 378
GULF SHORES, AL 36547-0378

Agency Phone: (251) 967-3323

NFIP Policy Number: 0002331548
Company Policy Number: FLD2331548
Agent: WHITEHAVEN INSURANCE SERVICES

Payor: INSURED
Policy Term: 09/30/2025 12:01 AM - 09/30/2026 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

SEASCAPE CONDOMINIUM
PO BOX 3415
GULF SHORES, AL 36547-3415

INSURED NAME(S) AND MAILING ADDRESS

SEASCAPE CONDOMINIUM
PO BOX 3415
GULF SHORES, AL 36547-3415

COMPANY MAILING ADDRESS

Selective Ins Co of the Southeast
PO BOX 782747
PHILADELPHIA, PA 19178-2747

INSURED PROPERTY LOCATION

24649 CROSS LN
ORANGE BEACH, AL 36561

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

RATING INFORMATION

BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING
NUMBER OF UNITS: 33 UNITS
PRIMARY RESIDENCE: NO
PROPERTY DESCRIPTION: ELEVATED WITHOUT ENCLOSURE ON POSTS, PILES OR PIERS, 4 FLOOR(S)
PRIOR NFIP CLAIMS: 0 CLAIM(S)

REPLACEMENT COST VALUE: $6,955,735.00
DATE OF CONSTRUCTION: 06/01/1983
CURRENT FLOOD ZONE: VE
FIRST FLOOR HEIGHT (FFH): 1.5 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:	**$6,956,000**	**$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:	$42,337.00
CONTENTS PREMIUM:	$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	$75.00
MITIGATION DISCOUNT:	($0.00)
COMMUNITY RATING SYSTEM REDUCTION:	($6,333.00)
FULL RISK PREMIUM:	**$36,079.00**
ANNUAL INCREASE CAP DISCOUNT:	($24,555.00)
STATUTORY DISCOUNTS:	($0.00)
DISCOUNTED PREMIUM:	**$11,524.00**
RESERVE FUND ASSESSMENT:	$2,074.00
HFIAA SURCHARGE:	$250.00
FEDERAL POLICY FEE:	$1,200.00
PROBATION SURCHARGE:	$0.00
TOTAL ANNUAL PREMIUM:	**$15,048.00**

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

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