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## FLOOD POLICY DECLARATIONS

INSURED COPY  
NO. 1961527537

05/13/2010

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA  
SCOTTSDALE AZ 85261-4337RESIDENTIAL CONDO BLDG ASSN POLICY  
RENEWAL

ISSUE DATE 5/13/2010

## NAMED INSURED AND MAILING ADDRESS

172 ST PHILIP STREET COA  
89 1/2 WENTOWORTH ST  
C/O JOHN LIBERATOS  
CHARLESTON SC 29401

## AGENT'S NAME AND ADDRESS

PINCKNEY CARTER COMPANY  
PO BOX 60118  
NO CHARLESTON SC 29419-0118

POLICY TERM: 1 YEAR(S)

INCEPTION: 7/08/2010

EXPIRATION: 7/08/2011

THESE DECLARATIONS ARE EFFECTIVE 7/08/2010 12:01 A.M. LOCAL TIME AT THE DESCRIBED LOCATION  
COVERED BY THIS POLICY LOCATED AT THE ABOVE MAILING ADDRESS, UNLESS OTHERWISE STATED BELOW.172 ST PHILIP ST  
UNITS D & E BLDG 2  
CHARLESTON SC 29403-5480

## RATING INFORMATION

CONSTRUCTION DATE:	12/31/1974	COMMUNITY NAME:	CHARLESTON, CITY OF
BUILDING DESCRIPTION:	TWO TO FOUR FAMILY	COMMUNITY NO.:	4554120022D
NO. OF FLOORS:	TWO	PROGRAM STATUS:	REGULAR
BASEMENT/ENCLOSURE:	NONE	CONDO TYPE:	RCBAP
REPLACEMENT COST:	155,200	GRANDFATHERED:	NO
CONTENTS LOCATION:	N/A		

COMMUNITY RATING:	07
RISK ZONE:	A07
NO. OF UNITS:	002
ELEVATED BUILDING:	YES

LOWEST FLOOR ELEVATION:

BASE FLOOD ELEVATION:

RATING ELEVATION: 3

LIMITS OF  
LIABILITYBUILDING  
CONTENTS\$155,200  
NONEDEDUCTIBLE  
AMOUNTSBUILDING  
CONTENTS\$1,000  
N/A

## RATES AND AMOUNT OF INSURANCE IN FORCE FOR BUILDING AND CONTENTS

TYPE OF COVERAGE	BASIC			ADDITIONAL			DEDUCTIBLE BUYBACK/DISC.	TOTAL PREMIUM
	AMT. OF INS.	RATE	PREMIUM	AMT. OF INS.	RATE	PREMIUM		
BUILDING	120,000	x .18 =	\$216	35,200	x .08 =	\$28	\$ .00	\$244.00
CONTENTS		-----			-----		N/A	-----

PREMIUM SUBTOTAL	244.00
COVERAGE D (ICC)	6.00
CRS DISCOUNT	-38.00
FEDERAL POLICY FEE	80.00
TOTAL PAID PREMIUM	\$292.00

ENDORSEMENTS:

ABIC:AB4

AGENCY NO.  
Q029406-00

PRODUCER NO.

AGENT PHONE NO.  
(843) 747-9073PAYOR  
INSURED

COUNTERSIGNATURE

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UNITS A, B & C BLDG 1  
CHARLESTON SC 29403-5480

## RATING INFORMATION

CONSTRUCTION DATE:	12/31/1974	COMMUNITY NAME:	CHARLESTON, CITY OF
BUILDING DESCRIPTION:	TWO TO FOUR FAMILY	COMMUNITY NO.:	4554120022D
NO. OF FLOORS:	THREE OR MORE	PROGRAM STATUS:	REGULAR
BASEMENT/ENCLOSURE:	NONE	CONDO TYPE:	RCBAP
REPLACEMENT COST:	345,300	GRANDFATHERED:	NO
CONTENTS LOCATION:	N/A		

COMMUNITY RATING:	07
RISK ZONE:	A07
NO. OF UNITS:	003
ELEVATED BUILDING:	YES

LOWEST FLOOR ELEVATION:

BASE FLOOD ELEVATION:

RATING ELEVATION:

3

LIMITS OF  
LIABILITYBUILDING  
CONTENTS\$332,800  
NONEDEDUCTIBLE  
AMOUNTSBUILDING  
CONTENTS\$1,000  
N/A

## RATES AND AMOUNT OF INSURANCE IN FORCE FOR BUILDING AND CONTENTS

TYPE OF COVERAGE	BASIC			ADDITIONAL			DEDUCTIBLE BUYBACK/DISC.	TOTAL PREMIUM
	AMT. OF INS.	RATE	PREMIUM	AMT. OF INS.	RATE	PREMIUM		
BUILDING	180,000 x	.18 =	\$324	152,800 x	.08 =	\$122	\$ .00	\$446.00
CONTENTS		-----			-----		N/A	-----

PREMIUM SUBTOTAL	446.00
COVERAGE D (ICC)	6.00
CRS DISCOUNT	-68.00
FEDERAL POLICY FEE	80.00
TOTAL PAID PREMIUM	\$464.00

ENDORSEMENTS:

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