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FLOOD POLICY DECLARATIONS

INSURED COPY
NO. 1961531306

08/28/2009

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

ISSUE DATE 8/28/2009

NAMED INSURED AND MAILING ADDRESS

23 QUEEN STREET HPR
C/O JOHN LIBERATOS
87 1/2 WENTWORTH ST
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: 10/22/2009

EXPIRATION: 10/22/2010

THESE DECLARATIONS ARE EFFECTIVE 10/22/2009 12:01 A.M. LOCAL TIME AT THE DESCRIBED LOCATION
COVERED BY THIS POLICY LOCATED AT THE ABOVE MAILING ADDRESS, UNLESS OTHERWISE STATED BELOW.23 QUEEN STREET
BLDG 1
CHARLESTON SC 29401

RATING INFORMATION

CONSTRUCTION DATE:	01/01/1900	COMMUNITY NAME:	CHARLESTON, CITY OF
BUILDING DESCRIPTION:	OTHER RESIDENTIAL	COMMUNITY NO.:	4554120022D
NO. OF FLOORS:	THREE OR MORE	PROGRAM STATUS:	REGULAR
SEMENT/ENCLOSURE:	UNFINISHED	CONDO TYPE:	RCBAP
REPLACEMENT COST:	600,000	COMMUNITY RATING:	07
CONTENTS LOCATION:	N/A	RISK ZONE:	A07
		NO. OF UNITS:	006
		ELEVATED BUILDING:	NO

LOWEST FLOOR ELEVATION:

BASE FLOOD ELEVATION:

RATING ELEVATION: N/A

LIMITS OF
LIABILITYBUILDING
CONTENTS\$600,000
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	175,000 x	.90 =	\$1,575	425,000 x	.29 =	\$1,233	+ \$140.00	\$2,948.00
CONTENTS		-----			-----		N/A	-----

PREMIUM SUBTOTAL	2,948.00
COVERAGE D (ICC)	75.00
CRS DISCOUNT	-453.00
FEDERAL POLICY FEE	175.00
TOTAL PAID PREMIUM	\$2,745.00

ENDORSEMENTS:

ABIC:AB4

AGENCY NO.
Q029406-00

PRODUCER NO.

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

COUNTERSIGNATURE

R

FLOOD POLICY DECLARATIONS

INSURED COPY
NO. 1961531307

08/28/2009

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

ISSUE DATE 8/28/2009

NAMED INSURED AND MAILING ADDRESS

23 QUEEN STREET HPR
C/O JOHN LIBERATOS
89 1/2 WENTWORTH ST
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: 10/22/2009 EXPIRATION: 10/22/2010

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BLDG 2
CHARLESTON SC 29401

RATING INFORMATION

CONSTRUCTION DATE:	01/01/1900	COMMUNITY NAME:	CHARLESTON, CITY OF
BUILDING DESCRIPTION:	SINGLE FAMILY	COMMUNITY NO.:	4554120022D
NO. OF FLOORS:	THREE OR MORE	PROGRAM STATUS:	REGULAR
FINISHMENT/ENCLOSURE:	UNFINISHED	CONDO TYPE:	RCBAP
REPLACEMENT COST:	200,000	COMMUNITY RATING:	07
CONTENTS LOCATION:	N/A	RISK ZONE:	A07
		NO. OF UNITS:	001
		ELEVATED BUILDING:	NO

LOWEST FLOOR ELEVATION: BASE FLOOD ELEVATION: RATING ELEVATION: N/A

LIMITS OF LIABILITY	BUILDING CONTENTS	\$200,000 NONE	DEDUCTIBLE AMOUNTS	BUILDING CONTENTS	\$1,000 N/A
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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	60,000 x	.75 =	\$450	140,000 x	.68 =	\$952	+ \$140.00	\$1,542.00
CONTENTS		-----			-----		N/A	-----

PREMIUM SUBTOTAL	1,542.00
COVERAGE D (ICC)	75.00
CRS DISCOUNT	-243.00
FEDERAL POLICY FEE	35.00
TOTAL PAID PREMIUM	\$1,409.00

ENDORSEMENTS:
ABIC:AB4

AGENCY NO. Q029406-00	PRODUCER NO.	AGENT PHONE NO. (843) 747-9073	PAYOR INSURED	COUNTERSIGNATURE
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