



Policy Number: 60056278872019

ASSURANT®

FLOOD POLICY DECLARATIONS

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

Standard Policy

Type: Renewal**Policy Period:** 02/17/2019 To 02/17/2020**Original New Business Effective Date:** 02/17/2006**Reinstatement Date:****Form:** RCBAP

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

These Declarations are effective
as of: 02/17/2019 at 12:01 AM

Address Info

Producer Name and Mailing Address:LEWIS WATKINS FARMER AGENCY INC
WATKINS INSURANCE GROUP
3834 SPICEWOOD SPGS STE 100
AUSTIN, TX 78759-8977**Insured Name and Mailing Address:**THE PENINSULA ON LAKE AUSTIN
AREA COUNCIL OF OWNERS, INC
C/O GRANITE PROPERTIES OF TEXAS
808 W 10TH ST
AUSTIN, TX 78701-2042**NFIP Policy Number:** 6005627887**Agent/Agency #:** 0CRZ79**Reference #:** 70163-10000-324**Phone #:** (512)452-8877**NAIC Number:** 10111**Processed by:**

Flood Service Center

P.O. Box 8695 Kalispell MT 59904-8695

Property Info

Property Location:2315 A&B WESTLAKE DRIVE #9&10
AUSTIN, TX 78746**Building Description:**2-4 Family
Split Level
Split Level
Low Rise
Main House**Primary Residence:** N**Premium Payor:** Insured**Flood Risk/Rated Zone:** AE **Current Zone:** X**Community Number:** 48 0624 0205 E**Community Name:** AUSTIN, CITY OF**Grandfathered:** Yes**Post-Firm Construction****Program Type:** Regular**Newly Mapped into SFHA:****Elev Diff:** 4**Elevated Building:** N**No Addition(s) and Extension(s)****Replacement Cost:** \$500,000**Number of Units:** 2

Coverage & Rating

Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
Building:	500,000	.240 / .080	1,250	6-	586.00	Premium Subtotal:	586.00
Contents:						Multiplier:	
Contents						ICC Premium:	6.00
Location:						CRS Discount:	118.00
						Reserve Fund Assmt:	71.00
						HFIAA Surcharge:	250.00
						Federal Policy Fee:	150.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
Coverage Limitations May Apply. See Your Policy Form for Details.						Total Premium Paid:	945.00

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Mortgage Info

First Mortgage:**Loss Payee:****Second Mortgage:****Disaster Agency:**